

HEALTH BENEFITS FOR JOB SHARE ASSIGNMENT

The following conditions apply to the two employees in a job share assignment:

Job share employees must pay for medical, dental, and/or vision coverage on a tenthly pro-rata basis, if coverage is desired.

Job share employees who elect coverage under any district-sponsored medical, dental and/or vision plan must make the required tenthly pro-rata contribution for the plan(s) selected through the end of the calendar year. If coverage continues into a subsequent calendar year, the required tenthly pro-rata contribution must be through the end of that calendar year.

District-paid basic life insurance coverage will remain in effect for a job share employee who is in paid status in a monthly salaried position. The benefit is equal to one times your annual salary.

Job share employees may waive all of their percentage participation in each of the three health insurance programs (medical, dental and vision) and transfer such participation to their job share partner.

a. Such arrangements must be included in the job share agreement and may not be modified during the term of the agreement.

Employees who waive coverage under this provision will be eligible to enroll either on the first of the month following the first day of paid service in an assignment that is not a job share assignment or on the first of the month following the start of a new job share assignment.

To be completed by job share partners

In accordance with the conditions specified above, as job share partners, we agree to the following division of the benefits package:

PLEASE NOTE: If both partners participate in a specific benefit (i.e., medical), each will pay a pro-rata share of the cost of coverage equivalent to their own position. (Pro-rata rate chart attached.)

Name of Work Location _____

Partner A

Partner B

Participate Waive

Participate Waive

Medical

Dental

Vision

Percentage of job share assignment _____

Percentage of job share assignment _____

Partner A _____

Partner B _____

Print Name

Print Name

Employee ID #

Employee ID #

Signature/Date

Signature/Date