



## BOARDS OF EDUCATION MEMBERS Application for Election to Participate In The State Health Benefit Plan

*Local Boards of Education may elect for its members (and their spouses and dependents) to be included in the State Health Benefit Plan (“SHBP”), specifically the Plan for Public School Employees established under O.C.G.A. § 20-2-918(a). See O.C.G.A. § 45-18-5(c.1). Local Boards of Education shall pay no greater percentage of the cost of SHBP Coverage for a board member than the costs paid as an employer contribution by the State for the health insurance plan for State employees. See O.C.G.A. § 20-2-55(b)(1). Local Boards of Education may deduct the costs of SHBP coverage from the salary or other compensation of its board members. See O.C.G.A. § 45-18-5(c.1). Failure to provide information and/or documents requested may result in Denial of your Application.*

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### SECTION I. BOARD OF EDUCATION CONTACT INFORMATION

\_\_\_\_\_  
Name of Local Board of Education

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Number of eligible board members

\_\_\_\_\_  
IT Point-of-Contact

(Please provide name, title and contact information for IT Point-of-Contact. Must be person who will be responsible for technical assistance during the SHBP implementation process)

\_\_\_\_\_  
Person Completing Application (Please provide name, title and contact information of authorized person completing this application on behalf of Local Board of Education)

\_\_\_\_\_  
Phone

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### SECTION II. ELECTION TO PARTICIPATE IN THE STATE HEALTH BENEFIT PLAN

**Note: Onboarding, which includes User Acceptance Testing, generally takes 2 – 3 months and must occur prior to the Effective Date of Coverage requested below. Onboarding requires, at a minimum, a functional computer system and dedicated phone line. If coverage is effective other than January 1 or July 1, the Local Board of Education is responsible for all administrative costs to join SHBP pursuant to Option 3. Applications must be submitted to SHBP no later than 90 days prior to the Effective Date of Coverage.**

**Elects to participate in the SHBP (select one option below):**

- OPTION 1: Coverage is effective January 1 – December 31 (Effective Date) for Applications submitted to SHBP by September 30th of the prior year;
- OPTION 2: Coverage is effective July 1 – December 31 (Effective Date) for Applications submitted to SHBP by March 31st;

OPTION 3: Specify Requested Date of Coverage: \_\_\_\_\_ (must choose 1st day of month only);

Elects to **withdraw** its participation in SHBP. Specify requested date to end SHBP Coverage: \_\_\_\_\_ (must choose last day of month only).

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### SECTION III. REQUIRED SUPPORTING DOCUMENTATION

If Local Board of Education indicated under Section II its election to participate or withdraw its participation in SHBP, the following documents are required to be submitted with this Application:

1. Resolution or similar documentation electing SHBP coverage or withdrawing coverage for its Board Members (and their spouses and dependents, if applicable) showing approval by the Governing Board, signed by the Chairperson or person in similar role.
2. Letter from State Superintendent electing or withdrawing SHBP coverage for its Board Members (and their spouses and dependents, if applicable).

Note: Upon reviewing the above documents, additional documents may be requested.

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### SECTION IV. ACKNOWLEDGEMENT

SHBP is comprised of three health insurance plans: state employees (O.C.G.A. § 45-18-2), public school teachers (O.C.G.A. § 20-2-881), and public school employees (O.C.G.A. § 20-2-911). The Plan Documents contain the controlling terms and conditions for the SHBP and are posted on our website at <http://dch.georgia.gov/shbp-plan-documents>. The Plan Documents include the Summary Plan Description or Evidence of Coverage, SHBP Regulations, Board Resolutions that establish premiums, policies, and other documents used to determine what benefits are payable under the Plan and who is eligible for the Plan. DCH is solely responsible for determining which documents are Plan Documents, and the vendors are required to administer the SHBP in accordance with the Plan Documents. For employers that provide the SHBP through a contract with DCH, the contract is also a Plan Document.

If Local School Board receives approval for its Board Members to participate in SHBP, it acknowledges receipt of the Plan Documents and agrees to abide by the controlling terms and conditions for the SHBP as outlined in the Plan Documents and agrees to pay SHBP for employee and employer contributions. Local Board agrees to pay invoices by ACH funds transfer or as otherwise required by SHBP. Information regarding premiums is posted on our website at <http://dch.georgia.gov/rates>. Information regarding the premium billing process and job aides for benefit coordinators are posted on our website at <http://dch.georgia.gov/benefit-coordinators>.

By signing below, Local School Board acknowledges that the submission of this Application does not create an agreement between DCH or SHBP and the Local School Board or its teachers or other personnel to provide health benefits, and such Application is contingent upon SHBP approval.

\_\_\_\_\_  
Authorized Person's Signature

\_\_\_\_\_  
Date

Please send this originally executed form to:

State Health Benefit Plan  
Attention: Rhonda Manning  
Post Office Box 1990  
Atlanta, GA 30301

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**To Be Completed by SHBP Authorized Personnel Only**

Approved

Denied

\_\_\_\_\_   
SHBP Authorized Personnel Signature

\_\_\_\_\_   
Date