

**CHARTER SCHOOLS**  
**Application for Election to Participate In**  
**The State Health Benefit Plan**

*Charter Schools must submit this Application for Election to Participate in The State Health Benefit Plan (“SHBP”) upon initial approval of their charter in order for their teachers and other personnel to participate in SHBP. See O.C.G.A. § 20-2-880(4) and O.C.G.A. § 20-2-910(3). Applications submitted by Charter Schools more than six (6) months after their charter is approved will not be approved for participation in the SHBP. Failure to provide information and/or documents requested may result in denial of this Application.*

**SECTION I. CHARTER SCHOOL CONTACT INFORMATION**

\_\_\_\_\_  
 Name of Charter School

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City                      State                      Zip Code

\_\_\_\_\_  
 Number of eligible employees

\_\_\_\_\_  
 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)

\_\_\_\_\_  
 Name/Title of Person Completing this Application on Behalf of Charter School  
 (Authorized Person)

\_\_\_\_\_  
 Phone

**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 installation of your computer system and a dedicated phone line. If coverage is effective other than January 1 or July 1, Charter school is responsible for all administrative costs to join SHBP pursuant to this Option 3. Applications must be submitted to SHBP no later than 90 days prior to the Effective Date of SHBP 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);

**-OR-**

- Elects not to participate in the SHBP.**  
 Note: In electing not to participate in the SHBP, the above-named Charter School understands that this is a one-time opportunity for its teachers and other personnel to participate in SHBP. The Charter School will not be afforded another opportunity.
  
- Elects to withdraw its participation in SHBP.** Specify requested date to end SHBP Coverage: \_\_\_\_\_  
**(You must choose December 31st or June 30th only; If requested date to end coverage is other than December 31 or June 30, Charter school is responsible for all administrative costs to withdraw participation in SHBP pursuant to this Option. Applications must be submitted to SHBP no later than 90 days prior to the Requested Date to Withdraw Participation in SHBP Coverage.)**

### SECTION III. REQUIRED SUPPORTING DOCUMENTATION

If Charter School indicated under Section II its election to participate or withdraw its participation in SHBP, the following applicable documents are required to be submitted with this Application:

Electing Participation

1. Charter
2. Petition for Charter

Withdrawing Participation

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

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

### 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 Charter School receives approval 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. Charter School 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, Charter School acknowledges that the submission of this Application does not create an agreement between DCH or SHBP and the Charter School 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