MONTEBELLO UNIFIED SCHOOL DISTRICT

Benefits Office
Telephone (323) 887-7900 ext. 2302 or 2338
Fax (323) 887-3174

MUSD Married Couples Election Form

Please complete and return this form to the Benefits Office

Is your spouse an MUSD employee too?

Effective January 1, 2014:

MTA
Any MTA Bargaining Unit member who enrolls in one of the district sponsored medical plans as the primary subscriber and who is married to another MTA Bargaining Unit member will pay the single rate for 2-party or family coverage.

Also, any MTA Bargaining Unit member who enrolls in one of the district sponsored medical plans as the primary subscriber and who is married to an employee who is eligible for full time CSEA or AMSA benefits will pay the 2-party rate for family coverage.

CSEA
Any CSEA member who is married to another CSEA member will *each* pay the single rate for family coverage.

Also, any CSEA member who is married to an employee who is eligible for full time benefits will pay the 2-party rate for family coverage.

AMSA
Any AMSA member who enrolls in one of the district sponsored medical plans as the primary subscriber and who is married to an employee who is eligible for full time benefits will pay the 2-party rate for family coverage.

NOTE: The spouse must waive coverage to be added to the primary subscriber's plan.

Primary Insurance Subscriber:_____ _____
(print name) Signature Date

I.D. # or last 4 digits of SSN:_____ MTA_____ CSEA_____ AMSA_____

I understand that I am waiving my medical benefits. I understand that double coverage for dependents is not allowed for health coverage.

Dependent (MUSD Spouse) :_____ _____
(print name) Signature Date

I.D. # or last 4 digits of SSN:_____ MTA_____ CSEA_____ AMSA_____