



State of Idaho
 Department of Administration, Office of Group Insurance
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Medical & Dental Plan Self Pay Reporting Form

Agency: _____ Month: _____

Disability (Use only if employee has filed a disability claim)

Employee Name	Medical Plan Type	Social Security Number	Employee-Paid Medical Premium	Employee-Paid Dental Premium
FOR OGI USE ONLY State Shares Paid by Group Insurance				
Total Premium				

LWOP (Eligible to pay for 6 months only)

Employee Name and LWOP Date	Medical Plan Type	Social Security Number	Medical Premium (employee and employer shares)	Dental Premium (employee and employer shares)
Total Premium				

Miscellaneous

Employee Name and Reason for Payment	Medical Plan Type	Date Accrued Leave Expired	Medical Premium	Dental Premium
Total Premium				