

<b>District #</b>	
<b>District Name</b>	
<b>Contact Person</b>	
<b>Contact Email</b>	
<b>Contact Phone</b>	
<b>Count of Benefit Eligible Employees</b>	
<b>Total Buy In (Eli EE's x \$2945)</b>	
<b>Support Unit Count</b>	
<b>Available Funds (SU x \$4500)</b>	
<b>Amount Due in Excess of Available Funds? How much?</b>	
<b>Start Date</b>	
<b>Which premium model? (pay for all - pay for enrolled)</b>	
<b>What pay schedule do you use? (Monthly, bi-weekly, etc)</b>	
<b>FSA?</b>	
<b>Current Medical Carrier?</b>	
<b>Currently fully insured or self-insured?</b>	
<b>Current Dental Carrier?</b>	
<b>Current FSA Carreir?</b>	
<b>MOU Sent</b>	
<b>MOU Returned?</b>	

<b>Other Notes</b>
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