Macomb Intermediate School District
44001 Garfield Road • Clinton Township, MI • 48038-1100 • 586/228-3300

HEALTH CARE/CASH OPTION CHANGE FORM

Name ______________________ Union Group ______________________

______ A. I currently have health care coverage, under the MISD' s Program, but want to switch to the cash option. I have comparable alternate health care coverage with ______________________.

______ B. I currently receive the cash option, but wish to switch to health care coverage.

Date ______________ Signature ______________________

Date ______________ *Group Subscriber Signature ______________________

*Signature of person providing the insurance coverage (for example, spouse, etc.)

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