



HEALTH BENEFITS PREMIUM PAYMENT

MISSED PREMIUM PAYMENT COLLECTION NOTICE

Each pay period you are enrolled in either the Federal Health Benefits Program or the DC Employee Health Benefits Program, you are responsible for payment of the employee share of the premium.

DCPS has determined that you have missed premium payments and requires payment in order for your coverage to remain active for each pay period missed. To pay your missed premiums, please complete the information requested below and return to Human Resources with a **Cashier's Check or Money Order** payable to **DC Treasurer**.

I. PERSONAL INFORMATION

Full Name: (Print Clearly)		Employee ID #:	
Mailing Address:			
City, State:		Zip Code:	
Telephone #:		Email Address:	
Health Plan:		Social Security #:	

II. PAYMENT AGREEMENT

I agree to pay any missed health insurance premiums through direct payment.

III. SIGNATURE

Signature of Employee:		Date:	
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Return this form via mail or in person to:

District of Columbia Public Schools
1200 First Street NE
10th Floor - Office of Human Resources
Washington, D.C. 20002

FOR OFFICE OF HUMAN RESOURCES USE ONLY

Pay Period Missed:		Health Plan and Rate:	
Date Sent to OPRS:		Total Indebtedness:	



Health Insurance Indebtedness Calculation

I. PERSONAL INFORMATION

Full Name: (Print Clearly)		Employee ID #:	
Plan Name:		Social Security #:	
Plan Code:		Plan Rate:	

II. PREMIUM CALCULATION

<i>Plan Year</i>	<i>Dates Covered</i>	<i>Premium Amount</i>	<i># Pay Periods Missed</i>	<i>Amount Due</i>
Total Premium Payment Due :				