EXHIBIT Code: 4241.00 4150.50

## **MILITARY RESERVIST CALLED TO ACTIVE DUTY**

NAME:	DATE:	
DEPLOYMENT DATE:		
SERVICE BRANCH:	RANK/GRADE: _	
BENEFIT PACKAGE:		
Please indicate whether or not you would like to delections:	ontinue with you	current coverage
	Yes	No
Health insurance	. • •	
Optional dental		
Standard life insurance		
		<del></del>
Dependent life insurance		
Flex medical reimbursement acct		
Flex dependent care reimbursement acct		<del></del>
Certification Requirements/PTSB		
If you elect to continue with your current cover any premium amount over the District non-base attached Authorization Agreement for Direct Paymer  Power of Attorney Information:  Name:  Address:  City, ST, Zip: Phone Number:  To Any Armed Forces Employer:	contribution. Ple	ease complete the
I authorize you to release to the Goshen C information contained in my earnings statement. School District No. 1 will use this information to mitigation.	I understand that	at Goshen County
O'rea a trans	<b>.</b>	_
Signature		e
SSN Age	ncy	
Please attach a copy of your orders to this form. All and earnings statement as soon as possible to begin		
For District Use Only		
Compensation Mitigation Computation:  Current placement on district salary schedule		
Compensation change		ı

EXHIBIT Code: 4241.00 4150.50

## **AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)**

## GOSHEN COUNTY SCHOOL DISTRICT NO. 1 EMPLOYEES' GROUP INSURANCE PROGRAM

I		
DEPOSITORY NAME	BRANCH	
CITY	STATE ZIP	
ROUTING NUMBER	ACCT. NO.	
This authorization is to remain in full force and effect until EGI has received written notification from me of its termination in such time and in such manner as to afford EGI and DEPOSITORY a reasonable opportunity to act on it.		
NAME(PLEASE PRINT)	SS#	
SIGNATURE	DATE	
PRIMARY INSURED	SS#	

Note: all written debit authorizations MUST provide that the receiver may revoke the authorization only by notifying EIG in the manner specified in the authorization.

The letter you received with this authorization agreement describes the procedures associated with the Debit Authorization Program and is part of the Agreement

Adopted: March 9, 2004