



CONVERSE COUNTY

HEALTH INSURANCE MONTHLY REPORT FOR PARTICIPATING BOARDS

PARTICIPATING BOARD: Airport Library Weed & Pest

MONTH/YEAR of COVERAGE: _____

Please complete the following information and submit to the Converse County Clerk's office monthly along with your payment. Include additional sheets if necessary.

COMPLETE THE FOLLOWING

# of Employees:	# of Eligible Employees:
#of Dependents:	# of Eligible Employees + Eligible Dependents:
Premium due:	Admin fee due:
TOTAL DUE:	

NAMES OF COVERED INDIVIDUAL EMPLOYEES

Employee Name	Type of Coverage	Premium Due

NAMES OF INDIVIDUAL EMPLOYEES/DEPENDENTS DROPPED FROM INSURANCE COVERAGE

Employee Name	Dependent Name	Type of Coverage	Reason (e.g. aged out, other insurance, divorce, otherwise ineligible)

NAMES OF INDIVIDUAL EMPLOYEES DECLINING COVERAGE

Employee Name	Reason

NAME & TITLE OF PERSON COMPLETING FORM

SIGNATURE

DATE

FOR COUNTY CLERK OFFICE USE ONLY

Check No. _____ Amount: \$ _____

Date Received _____ By (name/initials) _____