



**FSA PLUS PLAN  
ENROLLMENT FORM  
(CASH IN LIEU)**

I am waiving the health care coverage offered through the Macomb ISD\*. I am currently enrolled in group health care coverage through another employer and would like to enroll in the FSA plus plan and receive the cafeteria plan allowance.

Must include copy of both sides of your current employer group health care card.

\_\_\_\_\_  
MISD Employee Name

\_\_\_\_\_  
MISD Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Cardholder Name  
(Individual listing you as dependent)

\_\_\_\_\_  
Employer Name

\_\_\_\_\_  
Cardholder Signature

\*This may impact federal subsidies you receive for health care coverage.