



Dr. Rick Cobb  
Superintendent

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RECEIPT OF REQUIRED INFORMATION

Initial on line.

\_\_\_\_\_ GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS.

\_\_\_\_\_ NEW HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE.

\_\_\_\_\_ AVAILABILITY OF SUMMARY HEALTH INFORMATION (SBC'S).

\_\_\_\_\_ CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP).

\_\_\_\_\_ VOLUNTARY DEDUCTIONS AND EMPLOYEE SELF SERVICE (ESS)

\_\_\_\_\_ 403B UNIVERSAL AVAILABILITY NOTICE (TAX SHELTERED ANNUITIES)

I certify that I have received the above information.

Employee Name (PRINT) \_\_\_\_\_

Signature \_\_\_\_\_

Last four digits of Social Security number \_\_\_\_\_

School Site \_\_\_\_\_

Date \_\_\_\_\_

*Mission Statement*

When the young people of Mid-Del enter our schools, they will be **safe**.

When they enter our classrooms, they will be **challenged**.

When they leave our schools, they will be **ready**.