

County Name \_\_\_\_\_  
District Name \_\_\_\_\_

County Number \_\_\_\_\_  
District Number \_\_\_\_\_

**FLEXIBLE BENEFIT ALLOWANCE PER 70 O.S. §§ 26-101 through 26-105  
January Data Collection**

**Complete Form Upon Receipt and HOLD for Regional Accreditation Officer**

The following information will be used to create an "adjusted" allocation for the Flexible Benefit Allowance (FBA) and "In Lieu of FBA" based upon the **January 2014** count.

**PAYMENT OF INSURANCE:** (How is your insurance paid?)

Month of Coverage       In Arrears of Coverage       Pay in Advance of Coverage

**Number of Staff Identified for Flexible Benefit Allowance for FY2014**

**CERTIFIED PERSONNEL:** Report below (1 & 2) a "head count" of all certified personnel as identified on the "Oklahoma Annual Certified Personnel Report" (excluding Superintendents). Be sure to include personnel from **all funds**.

**(1) FBA as Insurance (Major Medical Insurance)**  
Start of Contract: July Aug. Sept.  
   = \_\_\_\_\_  
(6 / 6) (5 / 7) (4 / 8) \*Total

Start of Contract: July Aug. Sept.  
**(New staff due to Affordable Care Act)**    = \_\_\_\_\_  
(6 / 6) (5 / 7) (4 / 8) \*Total

\*Totals by Column \_\_\_\_\_

**(2) In Lieu of FBA (Taxable Compensation)**  
Start of Contract: July Aug. Sept.  
   = \_\_\_\_\_  
(6 / 6) (5 / 7) (4 / 8) \*Total

Start of Contract: July Aug. Sept.  
**(New staff due to Affordable Care Act)**    = \_\_\_\_\_  
(6 / 6) (5 / 7) (4 / 8) \*Total

\*Totals by Column \_\_\_\_\_

**\*Total of all six boxes should equal total employees for this category.**

**\*Total of all six boxes should equal total employees for this category.**

Total will be multiplied by **\$463.99 / \$484.87** for adjusted allocation.

Total will be multiplied by **\$69.71** for adjusted allocation.

RAO's Notes (1):

RAO's Notes (2):

**SUPPORT PERSONNEL:** Report below (3 & 4) only those support personnel employed a minimum of six (6) or more hours per day who hold a "position" that is defined as a minimum of 172 days or a minimum of 1,032 hours per year from **all funds**.

**(3) FBA as Insurance (Major Medical Insurance)**  
Start of Contract: July Aug. Sept.  
   = \_\_\_\_\_  
(6 / 6) (5 / 7) (4 / 8) \*Total

Start of Contract: July Aug. Sept.  
**(New staff due to Affordable Care Act)**    = \_\_\_\_\_  
(6 / 6) (5 / 7) (4 / 8) \*Total

\*Totals by Column \_\_\_\_\_

**(4) In Lieu of FBA (Taxable Compensation)**  
Start of Contract: July Aug. Sept.  
   = \_\_\_\_\_  
(6 / 6) (5 / 7) (4 / 8) \*Total

Start of Contract: July Aug. Sept.  
**(New staff due to Affordable Care Act)**    = \_\_\_\_\_  
(6 / 6) (5 / 7) (4 / 8) \*Total

\*Totals by Column \_\_\_\_\_

**\*Total of all six boxes should equal total employees for this category.**

**\*Total of all six boxes should equal total employees for this category.**

Total will be multiplied by **\$463.99 / \$484.87** for adjusted allocation.

Total will be multiplied by **\$189.69** for adjusted allocation.

RAO's Notes (3):

RAO's Notes (4):

**I hereby certify that this report is true and correct according to the records on file in this office.**

\_\_\_\_\_ personally appeared before me and subscribed and swore to

Superintendent's Signature

the above report this \_\_\_\_\_ day of \_\_\_\_\_ 2014.

My Commission Expires \_\_\_\_\_

Notary Public \_\_\_\_\_

Notary Public's Signature

(Notary Seal) \_\_\_\_\_

Regional Accreditation Officer's Signature

Date