County Name

District Name

County Number

District Number

## FLEXIBLE BENEFIT ALLOWANCE

70 O.S. §§ 26-101 through 26-105 October Data Collection

## Complete Form Upon Receipt and <u>HOLD</u> for Regional Accreditation Officer

The following information will be used to create an "adjusted" allocation for the

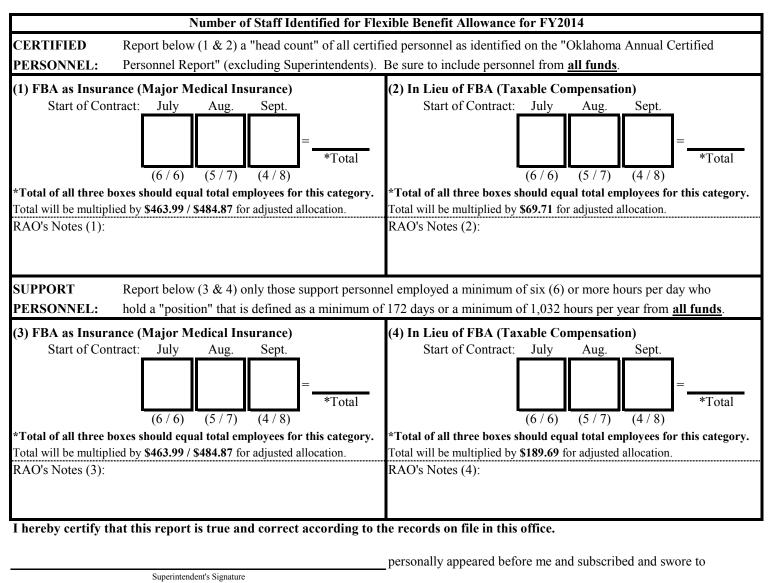
Flexible Benefit Allowance (FBA) and "In Lieu of FBA" based upon the October 2013 count.

## **PAYMENT OF INSURANCE:**

(How is your insurance paid?)

(Check one)

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



the above report this	day of		2013.
My Commission Expires		Notary Public	
			Notary Public's Signature

(Notary Seal)