

## **Beydler, Van**

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**From:** Soil & Water Conservation Program  
**Sent:** Thursday, November 30, 2017 8:27 AM  
**To:** DNR.Soil and Water Conservation Districts staff  
**Cc:** DNR.SWC Staff  
**Subject:** Health Insurance 2018  
**Attachments:** Health Insurance Selection Form (2018).xsn

Attached is a form titled "Health Insurance Form - 2018." The information on this form will be used to determine the health insurance allocation for the district for the remaining months of this fiscal year.

This form will need to be completed and returned to the program office **by December 31, 2017**. The completed form must be scanned and sent via email to [soil&waterconservationprogram@swcd.mo.gov](mailto:soil&waterconservationprogram@swcd.mo.gov).

**Please only submit one form per district.**

If you have any questions contact Jim Boschert at (573) 522-3320.

Thank you.

Soil and Water Conservation Program