

[ ] 10 PAY [ ] 11 PAY [ ] 12 PAY [ ] RETIREE

Number of Dependents Covered \_\_\_\_\_

Pay ID OR last four digits of SSN \_\_\_\_\_

Hire Date (new hires) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Effective Date \_\_\_\_\_

## 2021 SECTION 125 FLEXIBLE BENEFIT SELECTION SHEET

All benefit options are listed below. LONG TERM DISABILITY insurance, EMPLOYEE ASSISTANCE PLAN (EASE), \$100,000 TERM LIFE INSURANCE and the SECTION 125 administrative fee are provided solely at District expense. You may select any combination of benefits listed below:

<b>Medical:</b> <i>(Must Choose at least Employee Only Coverage)</i> , District Paid Benefit			
<input type="checkbox"/> Kaiser HMO	Employee Only <input type="checkbox"/>	Employee + 1 Dependent <input type="checkbox"/>	Family <input type="checkbox"/>
<input type="checkbox"/> PPO			
<b>Dental:</b> <i>(Must Choose at least Employee Only Coverage)</i> , District Paid Benefit			
<input type="checkbox"/> Delta Dental PPO (use any dentist)	Employee Only <input type="checkbox"/>	Employee + 1 Dependent <input type="checkbox"/>	Family <input type="checkbox"/>
<input type="checkbox"/> DeltaCare (must pre-select dentist)			
<b>Vision:</b> <i>(Optional)</i> , District Paid Benefit			
<input type="checkbox"/> Vision Service Plan (VSP)	Employee Only <input type="checkbox"/>	Employee + 1 Dependent <input type="checkbox"/>	Family <input type="checkbox"/>
District Contribution for Voluntary Benefit Elections			
<input type="checkbox"/> \$250/mo. if Kaiser HMO is elected		<input type="checkbox"/> \$75/mo. if PPO is elected	
<b>Voluntary Benefit Options:</b>	<b>Monthly Cost</b>	<b>Employee Paid</b>	<b>District Paid</b>
Supplemental Life Insurance* (\$6.60/unit, up to 3 units)			
AFLAC Short Term Disability Plan** Benefit Amount \$ _____			
Accidental (AD&D) Insurance <input type="checkbox"/> Employee Only <input type="checkbox"/> Family Benefit Amount \$ _____ Change: Yes / No			
Cancer Plan - AFLAC			
Cancer Plan - American Fidelity: <input type="checkbox"/> C5 <input type="checkbox"/> C7			
Dependent Day Care Flexible Spending Account - \$5,000 Max Annual Contribution			
Health Care Flexible Spending Account - \$2,750 Max Annual Contribution			
<b>Employee / District Total:</b>			

\* Employee only life insurance policy requires insurance company approval; market value of this benefit will appear on your W2 form as taxable income.

\*\*AFLAC Short Term Disability Plan benefits are taxable if premium is paid with pre-tax dollars.

This election form revokes any prior election form completed. Participation in these plans will automatically cease upon termination of employment unless eligible for early retirement or COBRA benefits. I authorize payment of premiums for coverage selected above which exceeds benefit elections paid by the District. Such amount(s) shall be deducted from my paycheck.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Mail Station OR Home Address \_\_\_\_\_

Date \_\_\_\_\_