



Employee Benefit Election Sheet

12 pay periods
7/01/2020-6/30/2021

Name: _____ Effective Date: * _____

Benefits

Medical – Anthem Blue Access 2500 HSA (High Deductible) (Employer will put \$100 a month into your HSA account)

- | | |
|--|---------------------------|
| <input type="checkbox"/> Employee | \$45.00 (per pay period) |
| <input type="checkbox"/> Employee & Spouse | \$215.00 (per pay period) |
| <input type="checkbox"/> Employee & Child(ren) | \$217.00 (per pay period) |
| <input type="checkbox"/> Family | \$388.00 (per pay period) |
| <input type="checkbox"/> Decline | |

Employer will put \$100 a month into your HSA account. Please indicate below if you want to contribute additional funds to your HSA:

- Employee HSA contribution per paycheck \$ _____**
 I elect to receive employer only contribution of \$100 per month.

Medical – Anthem Blue Access 2500 (PPO) (Employer will put \$40.00 a month into your FSA account)

- | | |
|--|---------------------------|
| <input type="checkbox"/> Employee | \$30.00 (per pay period) |
| <input type="checkbox"/> Employee & Spouse | \$455.00 (per pay period) |
| <input type="checkbox"/> Employee & Child(ren) | \$458.00 (per pay period) |
| <input type="checkbox"/> Family | \$885.00 (per pay period) |
| <input type="checkbox"/> Decline | |

Medical – Anthem Blue Access 1500 (PPO) (Employer will put \$40.00 a month into your FSA account)

- | | |
|--|---------------------------|
| <input type="checkbox"/> Employee | \$90.00 (per pay period) |
| <input type="checkbox"/> Employee & Spouse | \$517.00 (per pay period) |
| <input type="checkbox"/> Employee & Child(ren) | \$520.00 (per pay period) |
| <input type="checkbox"/> Family | \$947.00 (per pay period) |
| <input type="checkbox"/> Decline | |

Employer will put \$40.00 a month into your FSA account. Please indicate below if you want to contribute additional funds to your FSA:

- Employee FSA contribution per pay check \$ _____**
 I elect to receive employer only contribution of \$40 per month.

*Note, there is a 2 calendar month wait period after your qualifying event date for benefits to begin

Dental (Delta) – Anthem Dental Essential Choice PPO

- Employee \$17.00 (per pay period)
- Family \$60.00 (per pay period)
- Decline

Vision (VSP) – Anthem Blue View Vision

- Employee \$4.00 (per pay period)
- Employee + Spouse1/Second Tier \$12.00 (per pay period)
- Employee + Child(ren) \$12.00 (per pay period)
- Family \$19.00 (per pay period)
- Decline

Life Insurance – Anthem Life (You will automatically be enrolled in the group \$15,000 coverage)

Optional Life Insurance – Anthem Life (See pricing on brochure)

- I elect optional coverage
 - o Amount of Coverage for
 - Self _____
 - Spouse _____
 - Dependent _____
 - o Cost: \$ _____
- I do not wish to elect optional life insurance

Total Amount of Deduction Per Pay Period \$ _____

Signature

Date

*Note, there is a 2 calendar month wait period after your qualifying event date for benefits to begin