



## Employee Benefit Election Sheet

24 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              | \$22.50 (per pay period)  |
| <input type="checkbox"/> Employee & Spouse     | \$107.50 (per pay period) |
| <input type="checkbox"/> Employee & Child(ren) | \$108.50 (per pay period) |
| <input type="checkbox"/> Family                | \$194.00 (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              | \$15.00 (per pay period)  |
| <input type="checkbox"/> Employee & Spouse     | \$227.50 (per pay period) |
| <input type="checkbox"/> Employee & Child(ren) | \$229.00 (per pay period) |
| <input type="checkbox"/> Family                | \$442.50 (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              | \$45.00 (per pay period)  |
| <input type="checkbox"/> Employee & Spouse     | \$258.50 (per pay period) |
| <input type="checkbox"/> Employee & Child(ren) | \$260.00 (per pay period) |
| <input type="checkbox"/> Family                | \$473.50 (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** – Anthem Dental Essential Choice PPO

- Employee \$8.50 (per pay period)
- Family \$30.00 (per pay period)
- Decline

**Vision** – Anthem Blue View Vision

- Employee \$2.00 (per pay period)
- Employee + Spouse1/Second Tier \$6.00 (per pay period)
- Employee + Child(ren) \$6.00 (per pay period)
- Family \$9.50 (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