



2021 BENEFIT ELECTION / CHANGE FORM

EMPLOYEE INFORMATION

Last Name	First Name	(MI)	Gender	Date of Birth	Social Security No.
			<input type="checkbox"/> M <input type="checkbox"/> F	/ /	- -
Address			City	State	Zip
					Primary Phone
					() -
Job Title	Employee File Number	District		Date of Hire	
				/ /	
Marital Status		E-Mail			
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced					
I wish to change my current elections due to a Qualifying Life Event (Leave blank if you are electing benefits for the first time)					
<input type="checkbox"/> Marriage/Divorce <input type="checkbox"/> Birth/Adoption <input type="checkbox"/> Death <input type="checkbox"/> Ineligible Dependent <input type="checkbox"/> Change in Spouse Employment <input type="checkbox"/> Other					

BENEFIT ELECTIONS (premium amounts are per bi-weekly paycheck)

MEDICAL / Rx Priority Health			VOLUNTARY ACCIDENT INSURANCE UNUM		
<input type="checkbox"/>	Single	\$ 64.00	See separate enrollment form on the Employee Portal		
<input type="checkbox"/>	Employee + 1	\$ 279.63	VOLUNTARY iSTD (Short-Term Disability) UNUM		
<input type="checkbox"/>	Employee + 2 or more	\$ 364.20			
<input type="checkbox"/>	I decline Medical/Rx coverage		See separate enrollment form on the Employee Portal		
DENTAL Ameritas			VISION Ameritas (VSP Network)		
<input type="checkbox"/>	Single	\$ 12.07	<input type="checkbox"/>	Single	\$ 2.65
<input type="checkbox"/>	Employee + 1	\$ 28.99	<input type="checkbox"/>	Employee + 1	\$ 5.19
<input type="checkbox"/>	Employee + 2 or more	\$ 37.28	<input type="checkbox"/>	Employee + 2 or more	\$ 7.57
<input type="checkbox"/>	I decline Dental coverage		<input type="checkbox"/>	I decline Vision coverage	
VOLUNTARY LIFE AND AD&D INSURANCE UNUM			*This benefit requires an election each year*		
<input type="checkbox"/>	I elect coverage for myself	In the amount of	\$	Rate per pay (see chart)	\$
<input type="checkbox"/>	I elect coverage for my spouse	In the amount of	\$	Rate per pay (see chart)	\$
<input type="checkbox"/>	I elect coverage for my child(ren)	In the amount of	\$	Rate per pay (see chart)	\$
<input type="checkbox"/>	I would like to continue my current Voluntary Life and AD&D coverage as-is				
<input type="checkbox"/>	I decline Voluntary Life And AD&D Coverage				
DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (FSA) Basic			*This benefit requires an election each year*		
<input type="checkbox"/>	I elect Dependent Care FSA	Annual contribution	\$	(not to exceed \$5,000 or \$2,500 if married filing separately)	
The annual amount you elect to contribute will be deducted evenly from your regularly scheduled paychecks.					
Reimbursement Options:					
<input type="checkbox"/> Direct Deposit using information below <input type="checkbox"/> No Direct Deposit <input type="checkbox"/> Please maintain my current reimbursement option on file					
Financial Institution (Name of Bank): _____					
Routing Number (9 digits) _____ Account Number: _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings					
EMPLOYER USE		Date of first deduction		Eligibility Date	

COVERING YOUR FAMILY MEMBERS (spouse and eligible dependent children)

DOCUMENTATION IS NEEDED FOR SPOUSE OR CHILDREN WITHOUT THE SAME INSURED NAME

Name	Date of Birth	Gender	Social Security Number	Relationship
	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	- -	
	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	- -	
	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	- -	
	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	- -	
	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	- -	

Are any of these dependents IRS disabled dependents? No Yes

If yes, dependent name:

Are all / any of the dependents at an alternate address? No Yes

If yes, dependent name and address:

LIFE INSURANCE BENEFICIARY INFORMATION (a beneficiary is the person (or entity) who will receive the cash benefit from your life insurance policy if you die)

Name	Date of Birth	Gender	Social Security Number	Relationship	Primary / Contingent	%
	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	- -		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	- -		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	- -		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	

SALARY REDIRECTION AGREEMENT

SECTION 125

I understand and agree that: On this benefit enrollment form, I have enrolled for certain insurance coverage(s) and understand that an amount equal to the total amount of premium and/or contribution for coverage(s) elected less any non-elective employer contribution allocable thereto will be withheld from my salary, continuing for each pay period until this agreement is amended or terminated. The amount of my required contribution is set forth on a schedule that has been provided to me. In the event of a rate change, I authorize a corresponding change in the amount deducted from my salary without signing a new agreement. If the rate change is brought on by the third-party carrier (insurance company), the premium increase or decrease can be deducted pre-tax. However, if this change is brought on by my employer, the increase must be deducted after-tax. I understand that my actual take-home pay may be higher or lower depending on the coverage I select. In addition, pre-tax contributions reduce my compensation for Social Security tax purposes; therefore, my Social Security benefits could be decreased. I elect to receive the coverage under the Flexible Benefits Plan as elected. Any previous election under the Flexible Benefits Plan relating to the same benefits is hereby revoked. My employer's deduction of premium/contribution amounts hereunder shall evidence acceptance of this agreement.

On or after the first day of the plan year, I cannot change or revoke this Salary Redirection Agreement with respect to pre-tax premiums before the next anniversary date of the plan unless a "change in status" occurs (as defined under the Internal Revenue Code), and the change is caused by and consistent with the "change in status." I understand that I cannot revoke any pre-tax election based on a Right to examine provision as may be contained in any insurance plan or policy issue to me.

Execution of this Salary Redirection Agreement does not begin coverage under the component benefit plans or policies. New coverage will not become effective until the first day of the plan year. The terms and conditions and actual coverage effective date of the underlying coverage will be determined under the separate benefit plans or insurance policies. Prior to the anniversary date each year, I will be offered the opportunity to add, drop or change coverage for the following plan year. If I do not complete and return a new Salary Redirection Agreement form at that time, benefit plans or policies currently in effect will continue.

Paying for coverage on a pre-tax basis may cause insurance claim payments under health and medical coverage to be subject to federal and state taxes if claim payments (combining the total from all health and medical policies/plans) are in excess of medical expenses. Paying for disability income policies with pre-tax premiums will cause the benefits payable there under to be taxable. Such coverage may be funded on an after-tax basis to preserve the excludability of policy benefits.

I certify that the features and benefits under the Section 125 benefit plans have been explained to me completely. I understand that certain benefits may be elected on an after-tax basis. Except for a change in status, I understand that I cannot elect pre-tax benefits until the next open enrollment date, and that any after-tax coverage shall be outside the Section 125 plan.

ACKNOWLEDGEMENT

I hereby declare that I am an active employee of the employer indicated above and that I work at or from the employment location indicated. I understand that all my benefits will be taken on a pre-tax basis unless otherwise noted. I declare to the best of my knowledge and based on the eligibility requirements, I am eligible to participate in the elected benefits.

I understand that if I waived coverage for any benefit and I want coverage at a later date I will have to wait until the next Open Enrollment period to elect coverage for that benefit.

Employee Signature

Printed Name

Date

Voluntary Life and AD&D Rates per Pay Period

Your per pay rate for coverage is in the box where your age (as of 1/1/2021) and the amount you want to elect intersect.

Employee Rate Table – Amount cannot exceed 5x your annual earnings

Age	< 25	25 – 29	30 – 34	35 – 39	40 – 44	45 – 49	50 – 54	55 – 59	60 – 64	65 – 69	70 – 74	75 +
\$10,000	\$0.56	\$0.61	\$0.69	\$0.88	\$1.15	\$1.70	\$2.55	\$3.79	\$5.79	\$9.86	\$17.41	\$33.88
\$20,000	\$1.13	\$1.22	\$1.38	\$1.76	\$2.31	\$3.40	\$5.10	\$7.59	\$11.58	\$19.73	\$34.82	\$67.76
\$30,000	\$1.69	\$1.83	\$2.08	\$2.64	\$3.46	\$5.10	\$7.66	\$11.38	\$17.36	\$29.59	\$52.23	\$101.64
\$40,000	\$2.25	\$2.44	\$2.77	\$3.53	\$4.62	\$6.79	\$10.21	\$15.18	\$23.15	\$39.45	\$69.64	\$135.53
\$50,000	\$2.82	\$3.05	\$3.46	\$4.41	\$5.77	\$8.49	\$12.76	\$18.97	\$28.94	\$49.32	\$87.05	\$169.41
\$60,000	\$3.38	\$3.66	\$4.15	\$5.29	\$6.92	\$10.19	\$15.31	\$22.76	\$34.73	\$59.18	\$104.46	\$203.29
\$70,000	\$3.94	\$4.26	\$4.85	\$6.17	\$8.08	\$11.89	\$17.87	\$26.56	\$40.51	\$69.04	\$121.86	\$237.17
\$80,000	\$4.50	\$4.87	\$5.54	\$7.05	\$9.23	\$13.59	\$20.42	\$30.35	\$46.30	\$78.90	\$139.27	\$271.05
\$90,000	\$5.07	\$5.48	\$6.23	\$7.93	\$10.38	\$15.29	\$22.97	\$34.14	\$52.09	\$88.77	\$156.68	\$304.93
\$100,000	\$5.63	\$6.09	\$6.92	\$8.82	\$11.54	\$16.98	\$25.52	\$37.94	\$57.88	\$98.63	\$174.09	\$338.82
Guaranteed Issue You can elect up to \$100,000 without needing to complete a medical questionnaire												
\$110,000	\$6.19	\$6.70	\$7.62	\$9.70	\$12.69	\$18.68	\$28.08	\$41.73	\$63.66	\$108.49	\$191.50	\$372.70
\$120,000	\$6.76	\$7.31	\$8.31	\$10.58	\$13.85	\$20.38	\$30.63	\$45.53	\$69.45	\$118.36	\$208.91	\$406.58
\$130,000	\$7.32	\$7.92	\$9.00	\$11.46	\$15.00	\$22.08	\$33.18	\$49.32	\$75.24	\$128.22	\$226.32	\$440.46
\$140,000	\$7.88	\$8.53	\$9.69	\$12.34	\$16.15	\$23.78	\$35.73	\$53.11	\$81.03	\$138.08	\$243.73	\$474.34
\$150,000	\$8.45	\$9.14	\$10.38	\$13.22	\$17.31	\$25.48	\$38.28	\$56.91	\$86.82	\$147.95	\$261.14	\$508.22
\$160,000	\$9.01	\$9.75	\$11.08	\$14.10	\$18.46	\$27.18	\$40.84	\$60.70	\$92.60	\$157.81	\$278.55	\$542.10
\$170,000	\$9.57	\$10.36	\$11.77	\$14.99	\$19.62	\$28.87	\$43.39	\$64.50	\$98.39	\$167.67	\$295.96	\$575.99
\$180,000	\$10.14	\$10.97	\$12.46	\$15.87	\$20.77	\$30.57	\$45.94	\$68.29	\$104.18	\$177.54	\$313.37	\$609.87
\$190,000	\$10.70	\$11.58	\$13.15	\$16.75	\$21.92	\$32.27	\$48.49	\$72.08	\$109.97	\$187.40	\$330.78	\$643.75
\$200,000	\$11.26	\$12.18	\$13.85	\$17.63	\$23.08	\$33.97	\$51.05	\$75.88	\$115.75	\$197.26	\$348.18	\$677.63
\$210,000	\$11.82	\$12.79	\$14.54	\$18.51	\$24.23	\$35.67	\$53.60	\$79.67	\$121.54	\$207.12	\$365.59	\$711.51
\$220,000	\$12.39	\$13.40	\$15.23	\$19.39	\$25.38	\$37.37	\$56.15	\$83.46	\$127.33	\$216.99	\$383.00	\$745.39
\$230,000	\$12.95	\$14.01	\$15.92	\$20.28	\$26.54	\$39.06	\$58.70	\$87.26	\$133.12	\$226.85	\$400.41	\$779.28
\$240,000	\$13.51	\$14.62	\$16.62	\$21.16	\$27.69	\$40.76	\$61.26	\$91.05	\$138.90	\$236.71	\$417.82	\$813.16
\$250,000	\$14.08	\$15.23	\$17.31	\$22.04	\$28.85	\$42.46	\$63.81	\$94.85	\$144.69	\$246.58	\$435.23	\$847.04
\$260,000	\$14.64	\$15.84	\$18.00	\$22.92	\$30.00	\$44.16	\$66.36	\$98.64	\$150.48	\$256.44	\$452.64	\$880.92
\$270,000	\$15.20	\$16.45	\$18.69	\$23.80	\$31.15	\$45.86	\$68.91	\$102.43	\$156.27	\$266.30	\$470.05	\$914.80
\$280,000	\$15.77	\$17.06	\$19.38	\$24.68	\$32.31	\$47.56	\$71.46	\$106.23	\$162.06	\$276.17	\$487.46	\$948.68
\$290,000	\$16.33	\$17.67	\$20.08	\$25.56	\$33.46	\$49.26	\$74.02	\$110.02	\$167.84	\$286.03	\$504.87	\$982.56
\$300,000	\$16.89	\$18.28	\$20.77	\$26.45	\$34.62	\$50.95	\$76.57	\$113.82	\$173.63	\$295.89	\$522.28	\$1,016.45
\$310,000	\$17.46	\$18.89	\$21.46	\$27.33	\$35.77	\$52.65	\$79.12	\$117.61	\$179.42	\$305.76	\$539.69	\$1,050.33
\$320,000	\$18.02	\$19.50	\$22.15	\$28.21	\$36.92	\$54.35	\$81.67	\$121.40	\$185.21	\$315.62	\$557.10	\$1,084.21
\$330,000	\$18.58	\$20.10	\$22.85	\$29.09	\$38.08	\$56.05	\$84.23	\$125.20	\$190.99	\$325.48	\$574.50	\$1,118.09
\$340,000	\$19.14	\$20.71	\$23.54	\$29.97	\$39.23	\$57.75	\$86.78	\$128.99	\$196.78	\$335.34	\$591.91	\$1,151.97
\$350,000	\$19.71	\$21.32	\$24.23	\$30.85	\$40.38	\$59.45	\$89.33	\$132.78	\$202.57	\$345.21	\$609.32	\$1,185.85
\$360,000	\$20.27	\$21.93	\$24.92	\$31.74	\$41.54	\$61.14	\$91.88	\$136.58	\$208.36	\$355.07	\$626.73	\$1,219.74
\$370,000	\$20.83	\$22.54	\$25.62	\$32.62	\$42.69	\$62.84	\$94.44	\$140.37	\$214.14	\$364.93	\$644.14	\$1,253.62
\$380,000	\$21.40	\$23.15	\$26.31	\$33.50	\$43.85	\$64.54	\$96.99	\$144.17	\$219.93	\$374.80	\$661.55	\$1,287.50
\$390,000	\$21.96	\$23.76	\$27.00	\$34.38	\$45.00	\$66.24	\$99.54	\$147.96	\$225.72	\$384.66	\$678.96	\$1,321.38
\$400,000	\$22.52	\$24.37	\$27.69	\$35.26	\$46.15	\$67.94	\$102.09	\$151.75	\$231.51	\$394.52	\$696.37	\$1,355.26
\$410,000	\$23.09	\$24.98	\$28.38	\$36.14	\$47.31	\$69.64	\$104.64	\$155.55	\$237.30	\$404.39	\$713.78	\$1,389.14
\$420,000	\$23.65	\$25.59	\$29.08	\$37.02	\$48.46	\$71.34	\$107.20	\$159.34	\$243.08	\$414.25	\$731.19	\$1,423.02
\$430,000	\$24.21	\$26.20	\$29.77	\$37.91	\$49.62	\$73.03	\$109.75	\$163.14	\$248.87	\$424.11	\$748.60	\$1,456.91
\$440,000	\$24.78	\$26.81	\$30.46	\$38.79	\$50.77	\$74.73	\$112.30	\$166.93	\$254.66	\$433.98	\$766.01	\$1,490.79
\$450,000	\$25.34	\$27.42	\$31.15	\$39.67	\$51.92	\$76.43	\$114.85	\$170.72	\$260.45	\$443.84	\$783.42	\$1,524.67
\$460,000	\$25.90	\$28.02	\$31.85	\$40.55	\$53.08	\$78.13	\$117.41	\$174.52	\$266.23	\$453.70	\$800.82	\$1,558.55
\$470,000	\$26.46	\$28.63	\$32.54	\$41.43	\$54.23	\$79.83	\$119.96	\$178.31	\$272.02	\$463.56	\$818.23	\$1,592.43
\$480,000	\$27.03	\$29.24	\$33.23	\$42.31	\$55.38	\$81.53	\$122.51	\$182.10	\$277.81	\$473.43	\$835.64	\$1,626.31
\$490,000	\$27.59	\$29.85	\$33.92	\$43.20	\$56.54	\$83.22	\$125.06	\$185.90	\$283.60	\$483.29	\$853.05	\$1,660.20
\$500,000	\$28.15	\$30.46	\$34.62	\$44.08	\$57.69	\$84.92	\$127.62	\$189.69	\$289.38	\$493.15	\$870.46	\$1,694.08

Spouse Rate Table (BASED ON EMPLOYEE'S AGE) – Spouse amount cannot exceed employee amount

Age	< 25	25 – 29	30 – 34	35 – 39	40 – 44	45 – 49	50 – 54	55 – 59	60 – 64	65 – 69	70 – 74	75 +
\$5,000	\$0.28	\$0.30	\$0.34	\$0.43	\$0.57	\$0.81	\$1.19	\$1.76	\$2.91	\$4.89	\$8.60	\$17.10
\$10,000	\$0.55	\$0.59	\$0.68	\$0.87	\$1.14	\$1.62	\$2.38	\$3.52	\$5.82	\$9.78	\$17.21	\$34.20
\$15,000	\$0.83	\$0.89	\$1.02	\$1.30	\$1.70	\$2.44	\$3.57	\$5.28	\$8.74	\$14.66	\$25.81	\$51.30
\$20,000	\$1.11	\$1.18	\$1.37	\$1.74	\$2.27	\$3.25	\$4.76	\$7.03	\$11.65	\$19.55	\$34.41	\$68.40
\$25,000	\$1.38	\$1.48	\$1.71	\$2.17	\$2.84	\$4.06	\$5.95	\$8.79	\$14.56	\$24.44	\$43.02	\$85.50

Child(ren) Rate Table - One rate applies to all covered children

\$ 2,000	\$ 4,000	\$ 6,000	\$ 8,000	\$10,000
\$0.38	\$0.77	\$1.15	\$1.53	\$1.92