



Name

Location

July 1, 2022-June 30, 2023 Plan Election and Premium Confirmation Form

AETNA MEDICAL INSURANCE

- I accept coverage and authorize payroll deductions. *Please make selection below .*
- Currently Enrolled - No Change

Payroll Deductions (per payroll)	Aetna HNOption HSA \$3000/0%/6900	Aetna HNOption 30/1000/30%
Employee Only	\$0.00	\$71.94
Employee + Spouse	\$228.74	\$480.34
Emp + Spouse (2 EE's)	\$0.00	\$96.10
Employee + Child	\$86.31	\$275.09
Employee + Children	\$98.97	\$276.71
Employee + Family	\$399.50	\$900.01
Emp. + Family (2 EE's)	\$0.00	\$516.79

- I decline Medical coverage. *Please check reason for declining coverage .*
 - On Spouse's Plan
 - Medicare / Medicaid
 - Don't want coverage
 - On Individual Plan
 - Healthcare.gov / Marketplace
 - Military

DELTA DENTAL VOLUNTARY DENTAL INSURANCE

- I accept coverage and authorize payroll deductions. *Please make selection below .*
- Currently Enrolled - No Change

Payroll Deductions (per payroll)	Voluntary Dental Low Plan	Voluntary Dental High Plan
Employee Only	\$12.09	\$18.81
Employee + Spouse	\$25.79	\$40.11
Employee + Child(ren)	\$26.69	\$41.54
Employee + Family	\$41.17	\$64.06

- I decline Dental coverage.

Flores Health Reimbursement Account (HRA)

- Employer paid - please ENROLL me in this coverage.
- I decline enrollment.

HealthEquity FLEXIBLE SPENDING ACCOUNT

- Employee paid - please ENROLL me in this coverage. I understand I must complete the carrier enrollment.
- I decline Voluntary Employee Paid FSA benefits.

TRANSAMERICA VOLUNTARY ACCIDENT INSURANCE

- Employee paid - please ENROLL me in this coverage. I understand I must complete the carrier enrollment. *Please see HR for rates and forms.*
- I decline Voluntary Employee Paid Benefits.
- Currently Enrolled - No Change

TRANSAMERICA VOLUNTARY CRITICAL ILLNESS INSURANCE

- Employee paid - please ENROLL me in this coverage. I understand I must complete the carrier enrollment AND Evidence of Insurability forms, and must be approved through their underwriting process before the benefit will begin. *Please see HR for rates and forms.*
- I decline Voluntary Employee Paid Benefits.
- Currently Enrolled - No Change

I have been offered the above employee benefit options and I have selected my choices. I agree to allow my employer to deduct the appropriate premium(s) from my wages. I also understand I may not change coverage or family status unless I have a qualifying event or until the next open enrollment.

Signature

Date