

Nottoway County Public Schools – Section 125/Benefit Elections

SECTION A.

PERSONAL INFORMATION

Employee Name (Last, First, MI)

Social Security #

Date of Birth

SECTION B.

PAYROLL DEDUCTIONS

1. Anthem Health Insurance:

- | | | |
|----------------------------------|--------------------------|------------------------|
| | | Monthly |
| ▪ Anthem H S A 573 \$3000/100% | <input type="checkbox"/> | Employee \$137.76 |
| | <input type="checkbox"/> | Emp./Spouse \$733.11 |
| | <input type="checkbox"/> | Emp./Child \$459.34 |
| | <input type="checkbox"/> | Emp./Children \$459.34 |
| | <input type="checkbox"/> | Family \$1,216.56 |
| ▪ Anthem Value Advantage 30/1000 | <input type="checkbox"/> | Employee \$277.11 |
| | <input type="checkbox"/> | Emp./Spouse \$1,028.89 |
| | <input type="checkbox"/> | Emp./Child \$683.78 |
| | <input type="checkbox"/> | Emp./Children \$683.78 |
| | <input type="checkbox"/> | Family \$1,638.39 |
| • Anthem Value Advantage 25/500 | <input type="checkbox"/> | Employee \$299.51 |
| | <input type="checkbox"/> | Emp./Spouse \$1,076.16 |
| | <input type="checkbox"/> | Emp./Child \$719.63 |
| | <input type="checkbox"/> | Emp./Children \$719.63 |
| | <input type="checkbox"/> | Family \$ 1,705.82 |

2. MetLife Dental

- | | | |
|------------|--------------------------|-----------------------|
| | | Monthly |
| ▪ PPO Plan | <input type="checkbox"/> | Employee \$30.77 |
| | <input type="checkbox"/> | Emp. + One \$58.49 |
| | <input type="checkbox"/> | Family \$95.78 |
| | <input type="checkbox"/> | WAIVE COVERAGE |

- 3.
- Waiving group health insurance due to being on a spouses plan
 - Waiving group health insurance due to having Medicare
 - Waiving group health insurance due to having Medicaid
 - Waiving group health insurance due to having an individual policy
 - Can't afford
 - Other _____

SECTION C.

ACKNOWLEDGMENT/SALARY REDUCTION AUTHORIZATION

I acknowledge my elections indicated above. With regard to my election of benefits for the Plan Year July 1, 2014 – June 30th, 2015, I hereby authorize the above payroll deductions as my contribution to my Employer's Section 125 Plan. I also understand that:

- *I may not change elections during the Plan Year unless there is a change in my family status (i.e., marriage, divorce, death of my spouse or child, adoption or birth of my child, or termination of employment of my spouse).*
- *The Administrator is authorized to adjust the amount of my salary reduction and benefits if it is necessary to satisfy certain provision of the Internal Revenue Code.*
- *Failure to sign a new form during the open enrollment period will be considered an election to continue current elections into the next Plan Year. **This authorization replaces any previous authorization that I have made.***

BY _____
Employee Signature

Date