

Name: _____

SS#: _____

*** Indicates Mandatory Benefits Enrollment**

If you are enrolled in the flexible spending program, see below for Mid Year Change info.

Medical * Choose a plan & coverage level	Employee	Emp + Sp	Emp + Child(ren)	Emp+ Family	Monthly Cost
Traditional Plan	\$673.00	\$905.00	\$882.00	\$1,137.00	
Allegiance Managed Care	\$612.00	\$823.00	\$802.00	\$1,033.00	
Blue Cross Blue Shield Managed Care	\$575.00	\$774.00	\$754.00	\$972.00	
Pacific Source	\$591.00	\$795.00	\$774.00	\$998.00	

Enter your Cost here (A)

Dental * Choose a plan & coverage level	Employee	Emp + Sp	Emp + Child(ren)	Emp+ Family	Monthly Cost
Premium Plan	\$44.00	\$84.00	\$84.00	\$119.00	
Basic Plan	\$17.00	\$32.00	\$32.00	\$46.00	

Enter your Cost here (B)

Life Insurance/Accidental Death & Dismemberment *					
Choose one:	\$10,000	\$1.55			
	\$20,000	\$3.10			

Enter your Cost here (C)

Long Term Disability *					
Choose one:	60% of pay/6-month wait	\$5.90			
	66-2/3% of pay/6-month wait	\$11.75			
	66-2/3% of pay/4-month wait	\$14.66			

Enter your Cost here (D)

Vision	Employee	Emp + Sp	Emp + Child(ren)	Emp+ Family	Monthly Cost
EyeMed Vision	\$6.76	\$12.76	\$13.43	\$19.70	

Enter your Cost here (E)

Optional Accidental Death & Dismemberment						
Choose one level & one amount						
Amount	Emp. Only	Emp.& Fam	Amount	Emp. Only	Emp.&Fam	Monthly Cost
\$25,000.00	\$0.63	\$1.18	\$150,000.00	\$3.75	\$7.05	
\$50,000.00	\$1.25	\$2.35	\$200,000.00	\$5.00	\$9.40	
\$75,000.00	\$1.88	\$3.53	\$250,000.00	\$6.25	\$11.75	
\$100,000.00	\$2.50	\$4.70	\$300,000.00	\$7.50	\$14.10	

Enter you Cost here (F)

Cost **Total Lines A-F** (G)

Total Monthly Employer Contribution **-733** (J)

Total Monthly before-tax insurance costs **Line G minus J** (K)

Below List All Eligible Family Members Enrolled For Medical, Dental, Vision, Optional Dependent Life or Optional AD&D

Name (Last, First, MI)	Birth Date (Mo/Day/Year)	MANDATORY! Social Security #	Gender		Enrolled In:					Disabled Child or Adult Dep.
			M	F	Med.	Den.	Life.	Vis.	AD&D	
Employee										
Spouse/ Adult Dependent										
Dependent										
Dependent										
Dependent										

If you run out of spaces for additional family members, please attach a list to this form.

**Flex
Mid Year Election Changes**

Eligible Employees are permitted to change elections when a qualifying change in status (other than a health insurance cost or coverage change occurs). The requested change in elections must be consistent with the change in status; and the request for a change in elections is made within 63 days of the event and a separate flex form correctly filled out.

Positive amount is amount of salary reduction; Negative amount can be applied to a Medical Flexible Spending Acct. (Note: Any negative amount not spent on the Medical Flexible Spending Acct. will be forfeited)

If you had a negative amount that you applied to a Medical Flex Spending Account when you originally filled out your enrollment form you are still responsible for that amount even if your status changed and you no longer have negative monies. (See Flex Enrollment Form)

Flex Spending
Yes No
Extra Form Required