



**INSURANCE ELECTION AND PAYROLL AUTHORIZATION FORM (Plan Year 20-21)**

**NAME:** \_\_\_\_\_

**SSN:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**DEPT:** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

Please note that this election may not be changed before the end of the Plan Year unless you experience a family status change. The plan year runs from July 1<sup>st</sup> to June 30<sup>th</sup>. If you have questions about this, please contact Human Resources.

**\*\*Employees participating in the HSA Plan who elect to contribute to the account via pre-tax payroll deduction must complete this form again in order to change the deduction amount.**

**HEALTH INSURANCE ELECTION**

**Please check one**

	<b>Employee Cost Bi-Weekly (Participation in Wellness Initiative)</b>	<b>Employee Cost Bi-Weekly (Without Participation in Wellness Initiative)</b>	<b>County Cost Monthly</b>
<b>PPO Plan</b>			
<input type="checkbox"/> Employee Only	<b>\$0.00</b>	<b>\$15.00</b>	<b>\$745.00</b>
<input type="checkbox"/> Employee + Spouse	<b>\$223.66</b>	<b>\$238.66</b>	<b>\$1200.86</b>
<input type="checkbox"/> Employee + Child/Children	<b>\$152.50</b>	<b>\$167.50</b>	<b>\$1050.00</b>
<input type="checkbox"/> Employee/Family	<b>\$447.25</b>	<b>\$462.25</b>	<b>\$1656.99</b>
<b>HSA Plan</b>			
<input type="checkbox"/> Employee Only	<b>\$0.00</b>	<b>\$15.00</b>	<b>\$745.00</b>
<input type="checkbox"/> Employee + Spouse	<b>\$160.41</b>	<b>\$175.41</b>	<b>\$1071.84</b>
<input type="checkbox"/> Employee + Child/Children	<b>\$102.50</b>	<b>\$117.50</b>	<b>\$950.00</b>
<input type="checkbox"/> Employee/Family	<b>\$330.72</b>	<b>\$345.72</b>	<b>\$1419.27</b>
<input type="checkbox"/> HSA contribution (optional pre-tax payroll deduction) – bi-weekly payroll deduction \$ _____			
<input type="checkbox"/> Waive health insurance participation			

**DENTAL INSURANCE ELECTION**

**Please check one**

	<b>Employee Bi-Weekly Cost</b>	<b>County Cost Monthly</b>
<input type="checkbox"/> Employee Only	<b>\$0.00</b>	<b>\$39.32</b>
<input type="checkbox"/> Employee/Dependent	<b>\$11.17</b>	<b>\$61.65</b>
<input type="checkbox"/> Family	<b>\$22.34</b>	<b>\$84.00</b>
<input type="checkbox"/> Waive dental insurance participation		

**My signature authorizes payroll deductions for all coverage indicated on this form.**

I hereby authorize deduction of the amount(s) indicated above from my gross earnings (pre-tax) in accordance With the guidelines outlined in Section 125 of the Internal Revenue Code. Please see HR if you prefer for your health or dental deductions to be set up as post tax deductions.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**