



FY 19 Public Education Health Trust Plan Options - CEA

During open enrollment, this form must be e-mailed or dropped off to Payroll by 5pm on **Friday, June 15, 2018** or within 31 days of new hire or qualifying life event.

Please make ONE selection from the following available options:

A/B Health Plan

I wish to enroll in the A/B Health Plan with payroll deductions. I understand my portion of the premium will be deducted per pay period beginning September 1, 2018 and ending May 31, 2019 (18 pay periods)

.875-1.0 FTE	\$229.90	per pay period	Currently Enrolled/Status Change/
.75-.874 FTE	\$522.70	per pay period	New Hire/Not Previously Waived
.49-.74 FTE	\$815.51	per pay period	or HDHP
.875-1.0 FTE	\$330.83	per pay period	Previously Waived or HDHP /
.75-.874 FTE	\$623.64	per pay period	No Qualifying Event
.49-.74 FTE	\$916.45	per pay period	

C/B Health Plan

I wish to enroll in the C/B Health Plan with payroll deductions. I understand my portion of the premium will be deducted per pay period beginning September 1, 2018 and ending May 31, 2019 (18 pay periods)

.875-1.0 FTE	\$161.90	per pay period	Currently Enrolled/Status Change/
.75-.874 FTE	\$454.70	per pay period	New Hire/Not Previously Waived
.49-.74 FTE	\$747.51	per pay period	or HDHP
.875-1.0 FTE	\$262.83	per pay period	Previously Waived or HDHP /
.75-.874 FTE	\$555.64	per pay period	No Qualifying Event
.49-.74 FTE	\$848.45	per pay period	

F/B Health Plan

I wish to enroll in the F/B Health Plan with payroll deductions. I understand my portion of the premium will be deducted per pay period beginning September 1, 2018 and ending May 31, 2019 (18 pay periods)

.875-1.0 FTE	\$46.56	per pay period	Currently Enrolled/Status Change/
.75-.874 FTE	\$339.37	per pay period	New Hire/Not Previously Waived
.49-.74 FTE	\$632.18	per pay period	or HDHP
.875-1.0 FTE	\$147.50	per pay period	Previously Waived or HDHP /
.75-.874 FTE	\$440.30	per pay period	No Qualifying Event
.49-.74 FTE	\$733.11	per pay period	

High Deductible Health Plan

I wish to enroll in the Catastrophic Plan. I understand that the benefits provided under this plan are significantly less than the A/B, C/B, and F/B plans. I also understand that this plan **includes limited vision and dental coverage**. Prescription benefits are also decreased. I understand that my portion of the premium will be deducted per pay period beginning September 1, 2018 and ending May 31, 2019 (18 pay periods)

.875-1.0 FTE	\$0.00	per pay period	
.75-.874 FTE	\$269.81	per pay period	
.49-.74 FTE	\$539.63	per pay period	

Waiver of Health Insurance

I wish to waive health insurance coverage at this time. I understand my health insurance coverage will terminate effective June 30, 2018. I understand my next opportunity to elect health insurance will be during open enrollment prior to July 1, 2019.

Employee Name: _____

Date: _____

Signature: _____

Employee ID: _____



Health Insurance Premium Pre-Tax 125 Plan Enrollment Form

Last Name: _____ First Name: _____

Employee ID: _____

SECTION 125 of the IRS allows employees to have health insurance premiums deducted from their gross pay on a pre-tax basis. This is a benefit to the employee as it lowers federal tax and reduces year-end taxable gross earning reported to the IRS.

- YES**, I elect to enroll in the Plan and pay my share of the health insurance premiums with pre-tax dollars. I understand pre-tax insurance deductions will continue unless I elect to opt out of the Plan during open enrollment or due to a change in status.
- NO**, I elect to waive pre-tax insurance premiums. I understand that I cannot elect pre-tax deductions until the next open enrollment or I have a qualified change in status as defined in the Plan.

I understand that by electing to pay for my health insurance coverage through the Plan, my premiums will automatically be deducted from my pay on a before tax basis and that I will not be allowed to change or revoke my health insurance coverage during the Plan year unless I experience a qualified change in status. I authorize the District to process these premium contributions as an automatic pre-tax deduction.

I understand that the District is not responsible for any tax liabilities that may subsequently occur as a result of my Plan participation.

Employee Signature

Date