**Employee Annual Salary Reduction Agreement**
**Employee Election for Plan Year Beginning: 2021**

PARENT CHILD DEVELOPMENT CORPORATION

☐ **No Coverage Changes for 2021 Plan Year**

☐ **I have elected a CHANGE in Coverage for 2021 Plan Year**

## EMPLOYEE INFORMATION

| | |
|---|---|
| **Name:** | **Full Time Start Date:** |
| **Occupation / Job Title** | **Location:** |
| **Home Address:** | **Home/Cell Phone#:** |
| **City, State, & Zip:** | **S.S.#:** |
| **Email:** | **Birth Date:** |

❑ No change for 2021 ❑ This is a change for 2021

### Election #1: Group Medical Insurance

| Check Plan | Group Insurance Plan Description | ER/EE % | Monthly Employer Premium | 12 Month Employee Semi- Monthly Deductions | 10 Month Employee Semi- Monthly Deductions |
|---|---|---|---|---|---|
| | **Anthem Healthkeepers** | | | | |
| | **Option#1 Healthkeepers HSA Bronze** | | | | |
| | Employee Coverage | 75/25 | **$581.36** | **$72.67** | **$87.20** |
| | Employee + Children | 50/50 | **$1,133.65** | **$210.74** | **$252.89** |
| | Employee + Spouse | 50/50 | **$1,162.72** | **$218.01** | **$261.61** |
| | Employee + Family | 50/50 | **$1,715.01** | **$356.08** | **$427.30** |
| | **Option #2 Healthkeepers Bronze** | | | | |
| | Employee Coverage | 75/25 | **$619.68** | **$77.46** | **$92.95** |
| | Employee + Children | 50/50 | **$1,208.38** | **$224.64** | **$269.56** |
| | Employee + Spouse | 50/50 | **$1,239.36** | **$232.38** | **$278.86** |
| | Employee + Family | 50/50 | **$1,828.06** | **$379.56** | **$455.47** |
| | **Option #3 Healthkeepers Silver** | | | | |
| | Employee Coverage | 75/25 | **$657.94** | **$82.24** | **$98.69** |
| | Employee + Children | 50/50 | **$1,282.98** | **$238.50** | **$286.20** |
| | Employee + Spouse | 50/50 | **$1,315.88** | **$246.73** | **$296.07** |
| | Employee + Family | 50/50 | **$1,940.92** | **$402.99** | **$483.59** |
| | **Option #4 Healthkeepers Gold** | | | | |
| | Employee Coverage | 75/25 | **$812.44** | **$101.56** | **$121.87** |
| | Employee + Children | 50/50 | **$1,584.26** | **$294.51** | **$353.41** |
| | Employee + Spouse | 50/50 | **$1,624.88** | **$304.67** | **$365.60** |
| | Employee + Family | 50/50 | **$2,396.70** | **$497.62** | **$597.14** |

❑ No change for 2021 ❑ This is a change for 2021

## Election #2: Group Dental Insurance

| Check Plan | Group Insurance Plan Description | Monthly Employer Premium | 12 Month Employee Semi- Monthly Deductions | 10 Month Employee Semi- Monthly Deductions |
|---|---|---|---|---|
| | | | | |
| | **Delta Dental** | | | |
| | Employee Coverage | **$38.80** | **$0.00** | **$0.00** |
| | Plus Spouse Coverage | **$81.91** | **$10.78** | **$12.93** |
| | Plus Child(ren) Coverage | **$84.60** | **$11.45** | **$13.74** |
| | Plus Family Coverage | **$130.21** | **$22.85** | **$27.42** |
| | | | | |

❑ No change for 2021 ❑ This is a change for 2021

## Election #3: Voluntary Supplemental Insurance

| Check Plan | Group Insurance Plan Description | Type or Amount of Coverage | 12 Month Employee Semi- Monthly Deductions | 10 Month Employee Semi- Monthly Deductions |
|---|---|---|---|---|
| | | | | |
| | **Allstate** | | | |
| | Cancer Insurance | | | |
| | | Employee Only | **$9.98** | **$11.98** |
| | | Employee + Family | **$16.81** | **$20.17** |
| | | | | |
| | Accident Insurance | | | |
| | | Employee Only | **$9.20** | **$11.04** |
| | | Employee + Family | **$15.40** | **$18.48** |
| | | | | |
| | Disability Insurance | Employee Only | | |
| | (Rates Vary) | Employee + Family | | |
| | | | | |
| | Life Insurance | Employee Only | | |
| | (Rates Vary) | Employee + Family | | |
| | | | | |

❑ No change for 2021 ❑ This is a change for 2021

## Election #4: Flexible Spending Accounts

| Check Plan | Group Insurance Plan Description | | 12 Month Employee Semi- Monthly Deductions | 10 Month Employee Semi- Monthly Deductions |
|---|---|---|---|---|
| | | | | |
| | **FSA** | | | |
| | Medical Reimbursement | | | |
| | Dependent Care reimbursement | | | |
| | Private Premium Reimbursement | | | |

❑ No change for 2021 ❑ This is a change for 2021

## Election #5: Employer Paid Life Insurance

| Check Plan | Group Insurance Plan Description | | 12 Month Employee Semi- Monthly Deductions | 10 Month Employee Semi- Monthly Deductions |
|---|---|---|---|---|
| | | | | |
| | **Anthem Life** | | | |
| | Employee Basic Life Insurance | | $0.00 | $0.00 |
| | | | | |

## PRIMARY BENEFICIARY ELECTION

Name: _____ Relationship_____

Address_____ D.O.B._____

I understand that if I do not choose a beneficiary, any life insurance benefits will be paid to my estate. I may change beneficiaries at any time.

*** **Signature:** **Date:**

## CONTINGENT BENEFICIARY ELECTION

Name: _____ Relationship_____

Address_____ D.O.B._____

I understand that if I do not choose a beneficiary, any life insurance benefits will be paid to my estate. I may change beneficiaries at any time.

*** **Signature:** **Date:**

## ELECTION OF PARTICIPATION

I want to participate in this Plan. I hereby make the following election regarding the benefits available to me under the Cafeteria Plan. I am further making an election to have my taxable compensation reduced by an amount equal to the value of the benefits specified below, such amount to be deducted in approximately equal sums from my regular paycheck during the current Plan Year.

I understand that I can not change this election during the plan year unless a change of status occurs such as a marriage, divorce, birth or termination.

*** **Signature:** **Date:**

## WAIVER OF ELECTION

I do not want to participate in this Plan at this time. I realize that I will not become eligible again until the beginning of the next Plan Year, or if earlier, a change of status occurs such as marriage, divorce, birth or termination.

*** **Signature:** **Date:**