



Name:	Date of Hire:
Mailing Address:	Personal Phone#:
City, State, & Zip:	SSN.#:
Email:	Birth 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. All applicable ACA, administration and billing fees are included.

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:

OPTION #1 GROUP HEALTH INSURANCE PLANS

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.

Check Plan	Group Insurance Plan	Coverage Type	Election Amount		
			Employee Cost per pay	# Pay periods	Employer Monthly Cost
	Option 1 Aetna HSA Plan \$6250	EE Only	\$81.52	26	\$353.24
	Option 1 Aetna HSA Plan \$6250	EE + Children	\$249.33	26	\$716.83
	Option 1 Aetna HSA Plan \$6250	EE Spouse	\$272.08	26	\$766.12
	Option 1 Aetna HSA Plan \$6250	EE+Family	\$479.90	26	\$1,216.40
	Option 2 Aetna Deductible Plan \$1500	EE Only	\$115.34	26	\$499.79
	Option 2 Aetna Deductible Plan \$1500	EE + Children	\$360.46	26	\$1,030.89
	Option 2 Aetna Deductible Plan \$1500	EE Spouse	\$393.69	26	\$1,102.89
	Option 2 Aetna Deductible Plan \$1500	EE+Family	\$697.23	26	\$1,760.56
	Option 3: Aetna Copay Plan	EE Only	\$134.94	26	\$584.72
	Option 3: Aetna Copay Plan	EE + Children	\$424.83	26	\$1,212.83
	Option 3: Aetna Copay Plan	EE Spouse	\$464.13	26	\$1,297.98
	Option 3: Aetna Copay Plan	EE+Family	\$823.11	26	\$2,075.77
	Option #4 WAIVE Group Health Insurance	WAIVE		26	\$0.00



ELECTION #2 GROUP DENTAL

Check Plan	Group Insurance Plan		Coverage Type	Election Amount		
				Employee Cost per pay	# Pay periods	Employer Monthly Cost
	Delta Dental		EE Only	\$17.30	26	\$37.48
	Delta Dental		EE + Children	\$38.22	26	\$82.80
	Delta Dental		EE Spouse	\$36.90	26	\$79.94
	Delta Dental		EE+Family	\$58.94	26	\$127.70

Election #3 GROUP VISION

Check Plan	Group Insurance Plan		Coverage Type	Election Amount		
				Employee Cost per pay	# Pay periods	Employer Monthly Cost
	Delta Vision		EE Only	\$2.77	26	\$6.00
	Delta Vision		EE + Children	\$5.91	26	\$12.80
	Delta Vision		EE Spouse	\$5.49	26	\$11.90
	Delta Vision		EE+Family	\$9.42	26	\$20.40

ELECTION #4 EMPLOYER PAID GROUP LIFE and AD&D

Check Plan	Group Insurance Plan Description	1X Annual Salary Benefit	Employer Paid	Deduction Amount
√	Hartford Group Life and AD&D	•		\$0.00

ELECTION #5 EMPLOYER PAID GROUP LONG TERM DISABILITY

Check Plan	Group Insurance Plan Description	60% of Salary	Employer Paid	Deduction Amount
√	Hartford Long Term Disability	•		\$0.00

ELECTION #6 EMPLOYEE WELLNESS PLAN WITH FLEX DOLLARS

Check Plan	Group Insurance Plan Description	Employee	Spouse	Children	Family
√	Attentive Health & Wellness	•			

Virginia Skywire

Cafeteria Plan Salary Reduction Agreement

Employee Election for Plan Year Beginning: 2022



ELECTION #7 GROUP SUPPLEMENTAL INSURANCE PLANS

Check Plan	Group Insurance Plan	Coverage Type	Election Amount		
			Employee Cost per Week	# Pay periods	Monthly Cost
	RATES VARY - SEE ALLSTATE BROCHURE				
	Allstate - Accident Insurance	EE Only		26	
	Allstate - Accident Insurance	EE+Family		26	
	Allstate - Disability Insurance	EE Only		26	
	Allstate - Term Life Insurance	EE Only		26	
	Allstate - Term Life Insurance	Spouse		26	
	Allstate - Term Life Insurance	EE+ Chdn		26	