

The Improvement Association
 Employee Salary Reduction Agreement
 Employee Election for Plan Year Beginning: 2020-21



EMPLOYEE INFORMATION

Name:	Birth Date:
Address:	S.S.#:
City, State, & Zip:	Phone#:
<input type="checkbox"/> No Change in coverage <input type="checkbox"/> This is a change in coverage	Location:

I want to participate in the benefits package this plan year. 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, and this amount to be deducted in approximately equal sums from my regular paycheck during the current Plan Year. All costs include ACA fees, administrative fees, and billing fees.

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, etc.

*** **Signature:**

Date:

GROUP INSURANCE PLANS

Check Plan	Group Insurance Plan Description	Type of Coverage	Election Amount		
			\$/Pay	# Pay periods	Monthly
	Anthem Medical Insurance	EE Only	\$20.00	24	\$684.90
	Anthem Medical Insurance	EE + 1 Child	\$145.55	24	\$935.99
	Anthem Medical Insurance	EE + Children	\$371.52	24	\$1,387.93
	Anthem Medical Insurance	EE Spouse	\$440.82	24	\$1,526.53
	Anthem Medical Insurance	EE+Family	\$729.22	24	\$2,103.34
	Anthem Dental Insurance	EE Only	\$15.15	24	\$30.29
	Anthem Dental Insurance	EE + Child(ren)	\$33.33	24	\$66.65
	Anthem Dental Insurance	EE Spouse	\$30.38	24	\$60.76
	Anthem Dental Insurance	EE+Family	\$50.39	24	\$100.78
	Dominion Dental Insurance - HMO	EE Only	\$8.85	24	\$17.70
	Dominion Dental Insurance - HMO	EE+1 Dep	\$15.94	24	\$31.88
	Dominion Dental Insurance - HMO	EE+2 or more	\$23.48	24	\$46.96
	Dominion Dental Insurance - PPO	EE Only	\$16.92	24	\$33.84
	Dominion Dental Insurance - PPO	EE+1 Dep	\$35.73	24	\$71.46
	Dominion Dental Insurance - PPO	EE+2 or more	\$51.48	24	\$102.96

Check Plan	Group Insurance Plan Description	Type or Amount of Coverage	Deduction Amount
	UNUM Group Life and Disability		
	Employee Only	Employer Paid	\$0.00

Check Plan	Group Insurance Plan Description	Type of Coverage	Election Amount		
			\$/Pay	# Pay periods	Notes
	Advantage Card with Teladoc - Basic	EE+Family	\$8.50	24	
	Advantage Card with Teladoc - Premium	EE+Family	\$15.50	24	

OTHER BENEFIT PLANS

Check Plan	Group Insurance Plan Description	Type of Coverage	Election Amount		
			\$/Pay	# Pay periods	Notes
	Allstate - Cancer Insurance	EE Only	\$9.21	24	
	Allstate - Cancer Insurance	EE+Family	\$15.52	24	
	Aflac - Cancer Insurance	EE Only		24	
	Aflac - Cancer Insurance	EE+Family		24	
	Allstate - Accident Insurance	EE Only	\$8.49	24	
	Allstate - Accident Insurance	EE+Family	\$14.22	24	
	Aflac - Accident Insurance	EE Only		24	
	Aflac - Accident Insurance	EE+Family		24	
	Allstate - Disability Insurance	EE Only		24	
	Allstate - Disability Insurance	Spouse Only		24	
	Aflac - Disability Insurance	EE Only		24	
	Aflac - Disability Insurance	Spouse Only		24	
	Allstate - Life Insurance	EE Only		24	
	Allstate - Life Insurance	EE Spouse		24	
	Allstate - Life Insurance	EE+ Child(ren)		24	
	Allstate - Other Insurance			24	
	Aflac - Other Insurance			24	