

**HUNTINGTON BEACH CITY SCHOOL DISTRICT  
2019 Health and Welfare Benefit Selection Sheet  
HBETA Employees who are Not Eligible for "Full Time" Benefits**

**BRONZE PLAN**

VEBA

The District's Health and Welfare Plans are listed below. Please indicate your choice of coverage on this form.

<u>MEDICAL PLAN</u>	<u>Monthly Premium Twelfthly</u>	<u>District Contributes Twelfthly</u>	<u>Employee Contributes by Check or Bill Pay Twelfthly Jan 1st to Dec 31st</u>	<u>Employee Selection</u>
KAISER - HMO				
Employee Only	\$745.00	\$0.00	\$745.00	_____
Employee Plus One Dependent	\$1,474.00	\$0.00	\$1,474.00	_____
Employee Plus Two or More Dependents	\$2,080.00	\$0.00	\$2,080.00	_____

TOTAL (Mail & Payable To):

Huntington Beach City School District  
Attn: Payroll & Benefits Dept.  
8750 Dorsett Drive  
Huntington Beach, CA 92646

DUE 1st Month

Note: If you choose "OnLine Bill Pay" use this address.

\$ \_\_\_\_\_

\* Benefit Summary and Summary of Benefits & Coverages (SBC) are available on the HBCSD website (under STAFF tab, then Insurance Forms, then VEBA)

Accept \_\_\_\_\_

\*VEBA Bronze Enrollment Form must be completed

Decline \_\_\_\_\_

\_\_\_\_\_  
Signature Date Email

\_\_\_\_\_  
Please PRINT Name Plainly Site Telephone

\_\_\_\_\_  
Address City State Zip Code