

**HUNTINGTON BEACH CITY SCHOOL DISTRICT
2019 Health and Welfare Benefit Selection Sheet
HBETA EMPLOYEES**

VEBA

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

<u>MEDICAL PLAN (must select one)</u>	<u>Monthly Premium</u> Tenthly	<u>District Contributes</u> Tenthly	<u>Employee Contributes by Payroll Deduction</u> Tenthly Jan 1st to Dec 31st	<u>Employee Selection</u>
VEBA - UNITED HEALTHCARE - PPO				
Employee Only	\$1,444.00	\$794.00	\$650.00	_____
Employee Plus One Dependent	\$2,866.00	\$1,191.00	\$1,675.00	_____
Employee Plus Two or More Dependents	\$4,033.00	\$1,588.00	\$2,445.00	_____
VEBA - UNITED HEALTHCARE - HMO				
Employee Only	\$837.00	\$794.00	\$43.00	_____
Employee Plus One Dependent	\$1,655.00	\$1,191.00	\$464.00	_____
Employee Plus Two or More Dependents	\$2,323.00	\$1,588.00	\$735.00	_____
KAISER - HMO				
Employee Only	\$751.00	\$751.00	\$0.00	_____
Employee Plus One Dependent	\$1,487.00	\$1,191.00	\$296.00	_____
Employee Plus Two or More Dependents	\$2,096.00	\$1,588.00	\$508.00	_____
DENTAL PLAN - DELTA DENTAL				
Employee and Family	\$118.14	\$118.14	\$0.00	_____ X _____
VISION PLAN - MEDICAL EYE SERVICE (MES)				
Employee and Family	\$16.80	\$16.80	\$0.00	_____ X _____
LONG TERM DISABILITY - RELIANCE STANDARD				
Employee Only (salary cap calculated)	\$1-\$14	\$1-\$14	\$0.00	_____ X _____
LIFE INSURANCE - RELIANCE STANDARD				
Employee Only	\$8.50	\$8.50	\$0.00	_____ X _____
TOTAL PAYROLL DEDUCTIONS			\$	_____

I hereby authorize the above payroll reductions as my contribution to my Employer's Section 125 Cafeteria Plan. I understand that changes in the cafeteria plan elections can only be made at the end of the plan year unless due to & consistent with a valid status change (e.g. change in 1)legal marital status 2)number of dependents 3)employment status; dependent satisfies or ceases to satisfy dependent eligibility requirements; residence change; cost or coverage changes) & Such other events as would permit a revocation or change of election under IRC 125 regulations. Participation in this plan will automatically cease upon termination of employment. FICA taxes are not paid on Section 125 salary reduction. Therefore, your social security benefits at retirement may be reduced.

****DEADLINE NOV. 9, 2018 in the Payroll & Benefits Dept. to insure no delay of services****

I understand that my selections on this form are "FINAL" & MATCH the enrollment form submitted, if any.

Enrollment form required for Any & All Changes to Prior Plan Year.

Signature _____

Please PRINT Name Plainly _____

Work Site _____

Date _____

Address _____

City _____

Zip Code _____