

HUNTINGTON BEACH CITY SCHOOL DISTRICT
2019-2020 Health and Welfare Benefit Selection Sheet
 CLASSIFIED & MANAGEMENT EMPLOYEES *who are Not Eligible for "Full Time" Benefits*

Bronze Plan

SISC

The District's BRONZE Plan is listed below. Please indicate your choice of coverage on this form.

<u>MEDICAL PLAN</u>	<u>Total Premium Monthly</u>	<u>District Contributes Monthly</u>	<u>Employee Contributes by Check or Bill Pay Monthly</u>	<u>Employee Selection</u>
(1) ANTHEM/Blue Cross 2 Tier Anchor Bronze				
Employee Only	\$488.00	\$0.00	\$488.00	_____
Employee Plus One Child	\$966.00	\$0.00	\$966.00	_____
Employee Plus Two or More Children (NO SPOUSE PLAN)	\$966.00	\$0.00	\$966.00	_____

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

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

TOTAL (Mail & Payable To):
 Huntington Beach City School District
 Attn: Payroll & Benefits Dept.
 8750 Dorsett Drive
 Huntington Beach, CA 92646

DUE 1st Month
 \$ _____

****NEW HIRES - Complete and DUE in the Payroll & Benefits Dept. upon Hire****
Returning Employees - Due Friday, September 27, 2019 from every eligible employee

Accept _____
 *SISC Enrollment Form must be completed
 & copy of Birth Certificate(s) if enrolling child/children

Decline _____

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 Date Email

 Please PRINT Name Plainly Site Telephone

 Address City State Zip Code