Shasta County Office of Education
INSURANCE SELECTION FORM 2016/17 PLAN YEAR - OPEN ENROLLMENT

Health, vision, and dental benefits enrollment is mandatory for full time employees. If you are part time and you wish your children, family, or spouse on dental and/or vision you must also be on dental and/or vision too.

I wish to make NO changes to my health benefit selections for the new plan year October 1, 2016 - September 30, 2017 ☐

I am enrolled in a high deductible plan and would like to contribute an additional $ _____ per month to my HSA on a pre-tax ____ after tax basis ____.

Print name of employee _____ Signature of Employee _____ Date _____

I wish to make the following changes for the new plan year effective October 1, 2016 - September 30, 2017:

I elect medical coverage for		Medical Plan		Dental Coverage		Vision	
Employee Only	☐	80C	☐	Employee Only	☐	Elect enrollment	☐
Employee + spouse	☐	80G	☐	Employee + spouse	☐	Decline enrollment	☐
Employee + child(ren)	☐	80K	☐	Employee + child(ren)	☐		
Employee + family	☐	80M	☐	Employee + family	☐		
		HSA-A	☐	Decline enrollment	☐		
		HSA-B	☐				
		Decline enrollment	☐				

**** PLEASE DON'T FORGET TO LOGIN TO PLANSOURCE AND MAKE YOUR SELECTION CHANGES ****

Employees who agree to enroll in insurance programs and are required to pay a portion of the premium hereby agree to pay premium increased on a pro-rated basis.

If you are required to pay a portion of your medical, dental or vision benefits, your share of cost may be paid on a pre-tax basis through the American Fidelity IRS 125 Plan. Please contact American Fidelity at 1-800-365-8306 ext 0 to schedule an appointment. If you have a Health Savings Account or plan to set up an HSA, but still wish to have a 125 plan for unreimbursed dental and vision, please let American Fidelity know that you want a "limited purpose" FSA.

If you are a part-time employee and choose to decline enrollment in health, dental and/or vision insurance, you can only join at the next open enrollment.

As required by California law, if an employee is married and his/her spouse or domestic partner is insured under another medical plan, the "primary carrier" shall be the spouse or registered domestic partner whose birth date occurs earliest in the calendar year. If you have elected to cover your domestic partner and your domestic partner's child(ren) as a dependent(s) under your health insurance, please note that the employer provided portion of coverage for registered domestic partners and their children is considered taxable income and you will be required to pay federal income tax on this amount. All medical bills for dependent children must be submitted to the "primary carrier" first.

I would like to have my health insurance premiums paid on a pre-tax basis. I have arranged for an American Fidelity Section 125 Cafeteria Plan
Yes ☐ No ☐

I would like the SCOE annual contribution of $500 (prorated for less than full-time employees) to go into my:
PayFlex Health Savings ☐ MidAmerica Health Reimbursement Account ☐

I would like to contribute an additional $ _____ per month to my HSA on a: pre-tax ☐
after tax ☐

I have read and understand the above information.

Print name of employee _____ Signature of employee _____ Date _____

Revised July 2016-This form is to be used only during Open Enrollment