

**Jefferson County Commission**  
**Premium Election Form Plan for FY20**  
**Year Start: July 01, 2019**  
**Plan Year End: June 30, 2020**

- ☐ Correction  
☐ Change of Personal Information  
☐ Change of Family Status  
☐ Ineligibility / Termination  
☐ Waive Participation \_\_\_\_\_ (Initial)  
☐ **No Change to Benefit Plan Elections from 2018-19 Plan Year**

**Personal Information**

Last Name		First Name		Middle Initial		Social Security Number	
Street		City		State		Zip	
Mailing Address							
Date of Birth (MM/DD/YYYY)		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married		Date of Hire (MM/DD/YYYY)	

**Benefit Elections - Employee Cost Per Pay (2 times a month) Payroll Deduction\***

Enrollment Tier	Employee Only		Employee & Spouse		Employee & Child		Employee & Children		Family	
	( v )	*	( v )	*	( v )	*	( v )	*	( v )	*
Medical / Prescription		\$20.00		\$150.00		\$150.00		\$223.50		\$223.58
Dental		\$0.00		\$11.63		\$11.63		\$23.29		\$23.29
Vision		\$0.00		\$2.47		\$2.47		\$6.02		\$6.02

Election	( v )	**
Supplemental Employee Life / AD&D		\$
Supplemental Dependent Spouse Life		\$
Supplemental Dependent Child(ren) Life		\$

\*Amount After Employer Contribution is Deducted

\*\*Deductions for Life Insurance are deducted Post Tax

<b>Total Cost per Pay (2 pays per month):</b>	\$
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I have read and understand the explanation I have received regarding my options under the Jefferson County Commission Premium Only Plan. I understand I have the right to have the company redirect my salary on a pretax basis during the plan year and apply this amount toward the purchase of the benefit plan coverage I have designated above. I understand that my share of the cost of this coverage may be adjusted from time to time to reflect the change in rates charged by the carriers. I acknowledge that my election is irrevocable unless there is a change in my status. A change in status includes: marriage; divorce; death of a spouse or dependent; birth of a dependent; birth or adoption of a child; change in number of dependents; termination of employment or commencement of employment; a strike or lockout; commencement or return from an unpaid leave of absence; a change in worksite; or any change in employment status that affects eligibility; a change in residence for me, my spouse or children; or my dependent either satisfies or ceases to satisfy requirements for coverage due to change in age, student status or any similar circumstances; or a change in my or my spouse's employment status. It is specifically the Participant's responsibility regarding insurance premium reimbursement not to request anything that could violate the terms of their insurance policy. I understand that government subsidized insurance premiums can only be deducted on a post-tax basis. I hereby apply for the options listed above. If necessary, I authorize Jefferson County Commission to adjust my pay as required by my elections. I understand that the benefit options I have elected will remain in force from July 1 until June 30, unless my family status changes.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

Company Representative \_\_\_\_\_

Date \_\_\_\_\_