

WACO Benefits 2017-2018

Employee Name	Social Security Number	Birth Date	Date of Hire
Home Address	City/State	Zip Code	Phone Number

I authorize my employer to make the following salary deductions for the plan year from **February 1, 2017 to January 31, 2018** (or the remainder of the date of this agreement)

YES, I want to participate on a pre-tax basis for health insurance premiums (Section 125 Cafeteria Plan)

Monthly INSURANCE PREMIUMS (Circle Elections)

	Anthem Value Advantage POS 30/1000	Anthem KeyCare PPO 30/1000	Anthem Dental
Employee Only	\$0.00	\$0.00	\$29.94
Employee & Child	\$357.66	\$382.97	\$72.14
Employee & Spouse	\$529.88	\$567.35	\$61.08
Employee & Child(ren)	\$357.66	\$382.97	\$72.14
Employee & Family	\$1,042.05	\$1,115.76	\$106.99

(1) I cannot change this election during the plan year unless I have a "Life Event", such as termination of employment or change to part-time status by either myself or my spouse; marriage; divorce; death of an immediate family member; or birth or adoption of a child or significant change in premiums or benefits of the health coverage maintained either by me through my employer, or by my spouse through his or her employer; (2) This election replaces any previous elections; (3) My social security benefits may be slightly reduced as a result of my elections;

Signature: _____

Date: _____

Waiver of Participation

I acknowledge that I have been given the opportunity to become a participant in my employers health and/or dental insurance plans. However, I have chosen not to participate at this time. By waiving participation, I realize I will not become eligible to participate until next plan anniversary date or if earlier, occurrence of a life event. This waiver will continue in effect until I notify the company in writing.

Reason for Waiver: Spousal Coverage ____ Individual Policy ____ Other (specify reason) _____

You must state a valid reason for waiving coverage.

Signature: _____ Date: _____