

## 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/dental 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 do not want to participate in: \_\_\_\_\_ Health Insurance \_\_\_\_\_ Dental Insurance (check all that apply)

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.

**You must state a valid reason for waiving coverage.**

Reason for Waiver: Spousal Coverage \_\_\_\_\_ Individual Policy \_\_\_\_\_ Other (specify reason) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_