

**NEWTOWN PUBLIC SCHOOLS
INSURANCE ELECTION FORM
2019-2020**

CUSTODIAN
H.S.A. - 16%
H.R.A. - 16%
DENTAL
21.50%

Please return to Denise Hornyak in the Business Office by June 10, 2019

A. EMPLOYEE INFORMATION

_____	_____	_____	
Last Name	First Name	Middle Initial	

Street Address	Town/City	State	Zip Code

IF YOU OR A SPOUSE IS ENROLLED IN A FLEX MEDICAL ACCOUNT AND/OR YOU HAVE MEDICARE, YOU ARE NOT ELIGIBLE TO ENROLL IN AN HSA PLEASE REFER TO ADDITIONAL INFORMATION ON THE WEBSITE REGARDING IRS REGULATIONS FOR AN HSA.

B. ANTHEM MEDICAL INSURANCE SELECTION
Please choose plan:

	<u>H.S.A</u>	<u>H.R.A</u>
Employee Only	<input type="checkbox"/> \$1,374.26	<input type="checkbox"/> \$1,374.26
Employee Plus One	<input type="checkbox"/> \$2,953.46	<input type="checkbox"/> \$2,953.46
Family	<input type="checkbox"/> \$3,704.33	<input type="checkbox"/> \$3,704.33

HSA ENROLLES HAVE THE OPTION OF MAKING PRE-TAXED CONTRIBUTIONS TO THEIR HSA ACCOUNT THROUGH PAYROLL DEDUCTIONS. TO MAKE CONTRIBUTIONS AN HSA PAYROLL DEDUCTION FORM IS REQUIRED.

C. ANTHEM MEDICAL COVERAGE CHANGES

I am adding dependents

I am deleting dependents: _____, _____, _____

I am enrolling myself and/or dependents for the first time.

D. ANTHEM DENTAL SELECTION
Please choose plan:

Employee Only	<input type="checkbox"/>	\$82.90
Employee Plus One	<input type="checkbox"/>	\$195.05
Family	<input type="checkbox"/>	\$235.17

E. DENTAL COVERAGE CHANGES

I am adding dependents

I am deleting dependents: _____, _____, _____

I am enrolling myself and/or dependents for the first time.

F. MEDICAL/DENTAL INSURANCE WAIVER

I decline medical coverage for myself and any eligible dependents.

I decline dental coverage for myself and any eligible dependents.

SIGNATURE REQUIRED IF DECLINING COVERAGE

IF YOU NEED TO ADD A DEPENDENT OR ENROLL FOR THE FIRST TIME YOU MUST COMPLETE AN ANTHEM MEDICAL APPLICATION AND/OR TR PAUL DENTAL APPLICATION AND PROVIDE REQUIRED DOCUMENTS.