NEWTOWN PUBLIC SCHOOLS INSURANCE ELECTION FORM 2019-2020

Non-Affliated Contracted - Misc H.S.A. - 16% H.R.A. - 16% DENTAL - 21.5%

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 S		THE WEBOITE REGAL	BING INC REGULATIONS FOR AN TICK.
Please choose plan:	LLLOTION		
Employee Only Employee Plus One Family	#.S.A \$1,374.26 \$2,953.46 \$3,704.33		<u>H.R.A</u> \$1,374.26 \$2,953.46 \$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 C	HANGES		
I am adding dependents			
I am deleting dependents:,,,,			
ram emoning mysen and/or dependents for the first time.			
D. DENTAL OPTION			
Please choose plan:			
Employee Only	\$82.90		
Employee Plus One	\$195.05		
Family	\$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.			
i decime dental coverage for myself and any engine dependents.			
SIGNATURE REQUIRED IF DECLINING COVERAGE			
SIGNATURE REQUIR	ED 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.