NEWTOWN PUBLIC SCHOOLS INSURANCE ELECTION FORM 2019-2020

NURSES
H.S.A. - 17%
H.R.A. - 17%
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	Sta	te	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 SEL Please choose plan:	ECTION			
Employee Only Employee Plus One Family	#.S.A \$1,460.15 \$3,138.05 \$3,935.86			H.R.A \$1,460.15 \$3,138.05 \$3,935.86
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 CHA	NGES			
I am adding dependents I am deleting dependents:,,				
D. ANTHEM DENTAL SELECTION Please choose plan:				
Employee Only Employee Plus One Family			\$82.90 \$195.05 \$235.17	
E. DENTAL COVERAGE CHANGES				
I am adding dependents I am deleting dependents:,,				
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				
IE VOILNEED TO ADD A DEPENDENT OR EL	UDOLL FOR THE FIR	OT TIME V	OLL MUIOT	COMPLETE AN ANTHEM

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.