NEWTOWN PUBLIC SCHOOLS
INSURANCE ELECTION FORM
2019-2020

TEACHERS-BCBA
H.S.A. - 22%
H.R.A. - 22%
DENTAL
23%

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:

		H.S.A		H.R.A
Employee Only	☐	$1,889.61	☐	$1,889.61
Employee Plus One	☐	$4,061.01	☐	$4,061.01
Family	☐	$5,093.46	☐	$5,093.46

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	☐	$88.68
Employee Plus One	☐	$208.66
Family	☐	$251.58

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.