Willoughby-Eastlake City Schools

2020 Benefit Plan Election Form Plan Year July, 1 2020 through June 30, 2021

Willoughby Eastlake City Schools offers the following pre-tax benefits: Medical, dental, vision and hearing effective on your date of hire.

Medical, Dental, Vision and Hearing Insurance (MMO) Employee Cost Employee Cost Per Month Per Pay	NAME:				
Employee Cost Per Month Per Pay 500 Certified Single \$102.00 \$51.00 501 Certified Single + 1 \$205.00 \$102.50 502 Certified Family \$363.00 \$181.50 504 Classified Single + 1 \$205.00 \$102.50 505 Classified Single + 1 \$205.00 \$102.50 506 Classified Family \$363.00 \$181.50 507 Classified Single + 1 \$205.00 \$102.50 508 Classified Family \$363.00 \$181.50 509 Classified Family \$363.00 \$181.50 500 Classified Family \$363.00 \$181.50 500 Food Service Single \$95.00 \$47.50 501 Food Service Single \$95.00 \$171.50 502 Food Service Family \$343.00 \$171.50 503 I understand that the above choices authorized by my signature will remain in effect until revoked or changed during a future annual enrollment period or the occurrence of a qualified change in status as defined by IRS Code Section 125. I authorize Willoughby-EastLake City Schools to deduct Weekly costs of the benefits selected as indicated above on a pre-tax basis. Employee Signature: Waiver Waive or cancel coverage I understand that by signing below I am choosing not to participate in any of the benefit plans indicated with a check mark above. I also understand that I will not be eligible to enroll in any of these benefits until the next annual enrollment period to be held in May 2021 unless I have a qualified Change of Status event during the course of the year as defined by the IRS Code Section 125. Employee Signature: Voluntary Life Insurance (The Standard) Employee Coverage Amount Monthly Premium \$ Spouse Coverage Amount Monthly Premium \$ Anothly Premium \$ Monthly Premium \$ Life Insurance. Coverage is effective the 1st of the month following hire. Enroll Waive	EMPLOYEE NUMBER:				
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Child Coverage Amount Monthly Premium \$ I authorize deduction from my earnings of required cost for Total Employee \$ Optional Life Insurance. Coverage is effective the 1st of the month following hire. Enroll Waive	Employee Coverage Amount		Monthly Premium	\$	
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Optional Life Insurance. Coverage is effective the 1st of the month following hire. Enroll Waive	Child Coverage Amount		Monthly Premium	\$	
Enroll Waive	I authorize deduction from my earnings of required cost for Total Employee \$				
	Optional Life Insurance. Coverage is effective the 1st of the month following hire.				
Employee Signature:		Enroll	Waive		
	Employee Signature:				