

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.

NAME:			
EMPLOYEE NUMBER:			
Medical, Dental, Vision and Hearing Insurance (MMO)			
		Employee Cost Per Month	Employee Cost Per Pay
500 Certified Single	<input type="checkbox"/>	\$102.00	\$51.00
501 Certified Single + 1	<input type="checkbox"/>	\$205.00	\$102.50
502 Certified Family	<input type="checkbox"/>	\$363.00	\$181.50
504 Classified Single	<input type="checkbox"/>	\$102.00	\$51.00
505 Classified Single + 1	<input type="checkbox"/>	\$205.00	\$102.50
506 Classified Family	<input type="checkbox"/>	\$363.00	\$181.50
504 Food Service Single	<input type="checkbox"/>	\$95.00	\$47.50
505 Food Service Single + 1	<input type="checkbox"/>	\$180.00	\$90.00
506 Food Service Family	<input type="checkbox"/>	\$343.00	\$171.50
<p><i>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 .</i></p>			
Employee Signature:			

Waiver	
Waive or cancel coverage	<input type="checkbox"/>
<p><i>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.</i></p>	
Employee Signature:	

Voluntary Life Insurance (The Standard)			
Employee Coverage Amount	_____	Monthly Premium \$	_____
Spouse Coverage Amount	_____	Monthly Premium \$	_____
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.			
<input type="checkbox"/> Enroll		<input type="checkbox"/> Waive	
Employee Signature:			