



# VERNON PUBLIC SCHOOLS

## ADMINISTRATOR

Selection of Benefits – Open Enrollment  
(Effective 07/01/16)

I understand that these monies will be used to cover my contribution toward the benefits listed below. This agreement will remain in effect until my employment terminates, a qualifying event occurs (i.e. marriage, divorce, death of spouse or dependent, spouse loses or obtains a job, reduction in hours, unpaid leave of absence for you or your spouse, birth or adoption of a child, etc.) my benefits change at the beginning of a new plan year, or my employer modifies the plan. The 2016-2017 rates and provider listed below apply to the 2016-2017 school year only.

### MEDICAL

I elect to participate in the ConnectiCare H.S.A. Plan \$2000/\$4000

*No changes in coverage* **If checked do not select below**

<b>Medical with Rx (per 18 pays, Sept-May):</b>	<input type="checkbox"/> Single:	\$68.82
	<input type="checkbox"/> 2 Person:	\$137.64
	<input type="checkbox"/> Family:	\$185.82

*If you need to add, delete or change individuals on your medical insurance, please visit the [vernonpublicschools.org](http://vernonpublicschools.org) website to print a Connecticare enrollment form, complete and submit with this election sheet.*

**H.S.A.** – I elect the following to be deducted from my bi-weekly paycheck to be deposited into my Health Equity Account *\*complete only if this is your first time with our H.S.A or if you elect to change your deduction, if left blank current deduction will stay remain the same.* \$\_\_\_\_\_ **Board annual contribution to the employee’s H.S.A. account is \$1,000 single \$2,000 2person or family.**

### DENTAL

I elect to participate in the Anthem Blue Cross Dental Plan

*No changes in coverage* **If checked do not select below**

<b>Basic Dental (per 18 pays, Sept-May): w/ ABCD riders</b>	<input type="checkbox"/> Single:	\$9.34
	<input type="checkbox"/> 2 Person:	\$26.16
	<input type="checkbox"/> Family:	\$33.22

*If you need to add, delete or change individuals on your dental insurance, please visit the [vernonpublicschools.org](http://vernonpublicschools.org) website to print an Anthem enrollment form, complete and submit with this election sheet.*

I do not require insurance and elect CASH IN LIEU in the amount of \$1,000. *(available to administrators hired prior to 07/01/2015)*

**For descriptive Coverage and Benefit Summary Information please visit the VPS website.**

**Return this form to Central Office, Attn: Cindy Schnell by May 27th, 2016**

I elect to waive health insurance coverage with Vernon Public Schools and agree to complete and submit an insurance waiver form.

**I understand the above agreement and have selected a health benefit plan accordingly:**

\_\_\_\_\_  
Employee Name (print)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

I understand and agree that electronically signing this document is the legal equivalent of a manual signature.

