

# City of Fond du Lac

2023 Enrollment Election Form

For coverage effective \_\_\_\_\_

Due Back: \_\_\_\_\_

## EMPLOYEE INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Location:  General  AFSCME Transit Police Supervisor  Police  Police Supervisor  Fire  Fire Supervisor

Legal Martial Status:  Married  Not Married

### DEPENDENT INFORMATION

### Enroll In:

Name	Gender (M/F)	Relationship (Spouse/Child)	Date of Birth MM/DD/YYYY	Social Security Number	Health (Y/N)	Dental (Y/N)	Vision (Y/N)	Voluntary Life (Y/N)	Accident (Y/N)	Critical Illness (Y/N)	Hospital (Y/N)

If additional children, please put on a separate sheet

All Rates are Monthly

## DEDUCTIONS

Benefit	Options	Enrollment	Monthly Deductions											
<b>Medical</b>	<input type="checkbox"/> Enroll <input type="checkbox"/> Waive	<b>Auxiant</b>	<input type="checkbox"/> Full Time Employee <input type="checkbox"/> Full Time Family <input type="checkbox"/> Part Time Employee <input type="checkbox"/> Part Time Family	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%; text-align: center;">HRA</th> <th style="width: 50%; text-align: center;">No HRA</th> </tr> <tr> <td style="text-align: center;">\$ 116.00</td> <td style="text-align: center;">\$ 165.00</td> </tr> <tr> <td style="text-align: center;">\$ 301.00</td> <td style="text-align: center;">\$ 430.00</td> </tr> <tr> <td style="text-align: center;">\$ 116.00</td> <td style="text-align: center;">\$ 165.00</td> </tr> <tr> <td style="text-align: center;">\$ 1,438.00</td> <td style="text-align: center;">\$ 1,488.00</td> </tr> </table>	HRA	No HRA	\$ 116.00	\$ 165.00	\$ 301.00	\$ 430.00	\$ 116.00	\$ 165.00	\$ 1,438.00	\$ 1,488.00
		HRA	No HRA											
\$ 116.00	\$ 165.00													
\$ 301.00	\$ 430.00													
\$ 116.00	\$ 165.00													
\$ 1,438.00	\$ 1,488.00													
Monthly rates could be different based upon union contract.														
If electing coverage, do you or any family member have other health coverage? (If yes, provide information below)														
<input type="checkbox"/> Yes, Employee <input type="checkbox"/> Yes, Family <input type="checkbox"/> No Other Coverage														
Name of Policy Holder _____			Who is covered: _____											
Relationship to Policy Holder: _____			Policy Holder Date of Birth: _____											

<b>Dental</b>	<input type="checkbox"/> Enroll <input type="checkbox"/> Waive	<b>Care Plus Dental</b>	<input type="checkbox"/> Employee <input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Employee + Child(ren) <input type="checkbox"/> Family	\$ <u>39.98</u> \$ <u>79.96</u> \$ <u>89.20</u> \$ <u>147.80</u>
		<b>Delta Dental</b>	<input type="checkbox"/> Employee <input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Employee + Child(ren) <input type="checkbox"/> Family	\$ <u>51.96</u> \$ <u>105.84</u> \$ <u>115.72</u> \$ <u>192.06</u>
<b>Vision</b>	<input type="checkbox"/> Enroll <input type="checkbox"/> Waive	<b>Delta Vision</b>	<input type="checkbox"/> Employee <input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Employee + Child(ren) <input type="checkbox"/> Family	\$ <u>6.24</u> \$ <u>12.48</u> \$ <u>12.74</u> \$ <u>18.98</u>
<b>Flexible Benefit Cafeteria Plan (Section 125)</b>	<input type="checkbox"/> Enroll <input type="checkbox"/> Waive	<b>Auxiant</b>	<input type="checkbox"/> Unreimbursed Medical/Dental/Vision Coverage Amount: \$ _____ Annual Max \$3,050	
			<input type="checkbox"/> Automatic Rollover* * Only allowed if you elect health insurance through the City of Fond du Lac AND nobody in your family has additional insurance. Note: claims for dependents over 18 years of age will not automatically rollover and will need to be manually submitted.  If you elect automatic rollover, the claims that go to HPS can automatically be "rolled over" into your flex plan as an automatic claim under Flex for out-of-pocket amounts: deductibles, copays, coinsurance, etc.	
		<input type="checkbox"/> Dependent Care Coverage Amount: \$ _____ Annual Max \$5,000		
<b>Life and AD&amp;D</b>	<input checked="" type="checkbox"/> Enroll	<input checked="" type="checkbox"/> Employee 1.5x Salary up to \$250,000 Exempt <u>1x Salary up to \$150,000 General &amp; Union</u>	<input checked="" type="checkbox"/> Spouse \$ <u>\$10,000</u>	<input checked="" type="checkbox"/> Child(ren) \$ <u>\$5,000</u>
<i>Beneficiaries can be changed at any time</i>				

<p><b>Voluntary Life AD&amp;D with Dependents</b></p> <p>Complete EOI form if increasing amount Beneficiaries can be changed at any time</p>	<input type="checkbox"/> Enroll <input type="checkbox"/> Waive	<input type="checkbox"/> Employee Coverage Amount: \$ _____ Rate _____ See rate sheet	<input type="checkbox"/> Spouse Coverage Amount: \$ _____ Rate _____ See rate sheet	<input type="checkbox"/> Child(ren) Coverage Amount: \$ _____ Rate \$5,000 is \$1.80 for all children \$10,000 is \$3.60 for all children
<p><b>Voluntary Long Term Disability</b></p>	<input type="checkbox"/> Enroll <input type="checkbox"/> Waive	Weekly Benefit: <u>60% up to \$5,000</u> Elimination Period: <u>90 days</u> accident & sickness		\$ _____ See rate sheet
<p><b>Voluntary Accident</b></p>	<input type="checkbox"/> Enroll <input type="checkbox"/> Waive	<p><b>The Hartford</b></p>	<input type="checkbox"/> Employee <input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Employee + Child(ren) <input type="checkbox"/> Family	\$ <u>6.36</u> \$ <u>10.02</u> \$ <u>10.62</u> \$ <u>16.72</u>
<p><b>Voluntary Critical Illness</b></p>	<input type="checkbox"/> Enroll <input type="checkbox"/> Waive	<input type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$30,000	<input type="checkbox"/> Employee <input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Employee + Child(ren) <input type="checkbox"/> Family	\$ _____ See rate sheet
<p><b>Voluntary Hospital Indemnity</b></p>	<input type="checkbox"/> Enroll <input type="checkbox"/> Waive	<p><b>The Hartford</b></p>	<input type="checkbox"/> Employee <input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Employee + Child(ren) <input type="checkbox"/> Family	\$ <u>10.10</u> \$ <u>20.84</u> \$ <u>18.96</u> \$ <u>31.04</u>

I am authorizing my employer to deduct from my earnings the amounts listed above. In the event of a rate change, I authorize a corresponding change in the amount deducted from my earnings. I understand that any pre-tax elections cannot be changed or revoked prior to the next plan anniversary date, unless due to a qualifying event, permitted by my employer and the insurance carrier. I will be offered the opportunity to add, drop, or change coverage at the next open enrollment (currently set for January 1<sup>st</sup> of each year), which is subject to change by my employer. I understand that if I do not complete and return a new election/open enrollment form at that time, benefit plans or policies currently in effect will continue if allowed.

Specific to the Flexible Benefit Cafeteria Plan (Section 125). I understand that:

- If at the end of the expense period, the total declared reduction in compensation exceeds the substantiated expenses, the IRS requires that any unused amount become the property of the employer and may not be paid to me in cash or used to provide benefits in a later plan year.
- I can no longer deduct these expenses from my individual State and Federal income tax returns since they will be paid with non-taxed income.
- I cannot change or revoke this compensation redirection agreement at any time during the plan year unless I have a Life Qualifying Event that meets the exceptions allowed under law to permit a change or revocation of an election.
- The City of Fond du Lac will deduct any additional premiums during the plan year if my fixed premium amounts increase.
- The City of Fond du Lac may reduce or cancel my compensation redirection or otherwise modify this agreement in the event it is believed advisable in order to satisfy certain provisions of the IRS Code.
- This reduction in my taxable wage base will reduce my wages for Social Security purposes and may reduce Social Security benefits to be paid at death, retirement, or disability. I agree to hold harmless the Administrator and its representatives for any loss of Social Security Benefits, which is a result of participation in the Section 125 Plan.

Specific to the Voluntary Accident, Critical Illness and Hospital Indemnity insurance.

- Accident, Critical Illness, and Hospital Indemnity insurance is a supplement to Health Insurance and is not a substitute for major medical coverage. This is not qualifying health coverage ("minimum essential coverage") that satisfies the health coverage requirement of the Affordable Care Act. If you don't have minimum essential coverage, you may owe an additional payment with your taxes.
- Accident, Critical Illness, and Hospital Indemnity is a limited benefit health coverage policy and is not a substitute for major medical coverage. Lack of major medical coverage (or other minimum essential coverage) may result in an additional payment with your taxes.
- Hospital Indemnity is HSA Compatible. If you (or your dependent(s)) currently participate in a Health Savings Account (HSA) or if you plan to do so in the future, you should be aware that the IRS limits the types of supplemental insurance you may have an addition to a HSA, while still maintaining the tax-exempt status of the HSA> The IRS allows additional insurance that provides benefits for "a fixed amount per day (or other period) of hospitalization." If you participate in an HSA, you should only enroll for a hospital indemnity (HI) plan that is designated as HSA compatible. In any circumstance, if you participate in an HSA, we encourage you to consult with your tax advisor for help with making informed decisions about your supplemental health coverage.

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

\_\_\_\_\_  
Date

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

*Please provide completed forms to Nikki Willner in HR*

# Premium Worksheet



Rates and/or benefits can change. Rates are based on the employee's age and increase as you enter each new age category.

VOLUNTARY LONG TERM DISABILITY INSURANCE												
Monthly Premium Amount (Cost per Pay Period – 12/Year)												
Age	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Rates	\$0.2310	\$0.2310	\$0.4200	\$0.6090	\$0.8720	\$0.9770	\$1.7330	\$2.5820	\$2.9920	\$2.9920	\$2.9920	\$2.9920

To calculate your monthly premium amount, use the following formula.

$$\frac{\text{Your Annual Earnings}}{\div 12} = \frac{\text{Your Monthly Earnings}}{\div 100} = \text{Rate} \times \text{Premium Amount}$$

Maximum = \$100,000

5962e NS 08/16 © 2016. The Hartford Financial Services Group, Inc. All rights reserved. Disability Form Series includes GBD-1000, GBD-1200, or state equivalent.

SUPPLEMENTAL TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE												
Monthly Premium Amount (Cost per Pay Period – 12/Year)												
Benefit	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	\$0.95	\$1.15	\$1.45	\$1.60	\$1.80	\$2.60	\$3.95	\$7.25	\$11.05	\$21.15	\$34.25	\$34.25
\$20,000	\$1.90	\$2.30	\$2.90	\$3.20	\$3.60	\$5.20	\$7.90	\$14.50	\$22.10	\$42.30	\$68.50	\$68.50
\$30,000	\$2.85	\$3.45	\$4.35	\$4.80	\$5.40	\$7.80	\$11.85	\$21.75	\$33.15	\$63.45	\$102.75	\$102.75
\$40,000	\$3.80	\$4.60	\$5.80	\$6.40	\$7.20	\$10.40	\$15.80	\$29.00	\$44.20	\$84.60	\$137.00	\$137.00
\$50,000	\$4.75	\$5.75	\$7.25	\$8.00	\$9.00	\$13.00	\$19.75	\$36.25	\$55.25	\$105.75	\$171.25	\$171.25
\$60,000	\$5.70	\$6.90	\$8.70	\$9.60	\$10.80	\$15.60	\$23.70	\$43.50	\$66.30	\$126.90	\$205.50	\$205.50
\$70,000	\$6.65	\$8.05	\$10.15	\$11.20	\$12.60	\$18.20	\$27.65	\$50.75	\$77.35	\$148.05	\$239.75	\$239.75
\$80,000	\$7.60	\$9.20	\$11.60	\$12.80	\$14.40	\$20.80	\$31.60	\$58.00	\$88.40	\$169.20	\$274.00	\$274.00
\$90,000	\$8.55	\$10.35	\$13.05	\$14.40	\$16.20	\$23.40	\$35.55	\$65.25	\$99.45	\$190.35	\$308.25	\$308.25
\$100,000	\$9.50	\$11.50	\$14.50	\$16.00	\$18.00	\$26.00	\$39.50	\$72.50	\$110.50	\$211.50	\$342.50	\$342.50
\$110,000	\$10.45	\$12.65	\$15.95	\$17.60	\$19.80	\$28.60	\$43.45	\$79.75	\$121.55	\$232.65	\$376.75	\$376.75
\$120,000	\$11.40	\$13.80	\$17.40	\$19.20	\$21.60	\$31.20	\$47.40	\$87.00	\$132.60	\$253.80	\$411.00	\$411.00
\$130,000	\$12.35	\$14.95	\$18.85	\$20.80	\$23.40	\$33.80	\$51.35	\$94.25	\$143.65	\$274.95	\$445.25	\$445.25
\$140,000	\$13.30	\$16.10	\$20.30	\$22.40	\$25.20	\$36.40	\$55.30	\$101.50	\$154.70	\$296.10	\$479.50	\$479.50
\$150,000	\$14.25	\$17.25	\$21.75	\$24.00	\$27.00	\$39.00	\$59.25	\$108.75	\$165.75	\$317.25	\$513.75	\$513.75
\$160,000	\$15.20	\$18.40	\$23.20	\$25.60	\$28.80	\$41.60	\$63.20	\$116.00	\$176.80	\$338.40	\$548.00	\$548.00
\$170,000	\$16.15	\$19.55	\$24.65	\$27.20	\$30.60	\$44.20	\$67.15	\$123.25	\$187.85	\$359.55	\$582.25	\$582.25
\$180,000	\$17.10	\$20.70	\$26.10	\$28.80	\$32.40	\$46.80	\$71.10	\$130.50	\$198.90	\$380.70	\$616.50	\$616.50
\$190,000	\$18.05	\$21.85	\$27.55	\$30.40	\$34.20	\$49.40	\$75.05	\$137.75	\$209.95	\$401.85	\$650.75	\$650.75
\$200,000	\$19.00	\$23.00	\$29.00	\$32.00	\$36.00	\$52.00	\$79.00	\$145.00	\$221.00	\$423.00	\$685.00	\$685.00
\$210,000	\$19.95	\$24.15	\$30.45	\$33.60	\$37.80	\$54.60	\$82.95	\$152.25	\$232.05	\$444.15	\$719.25	\$719.25
\$220,000	\$20.90	\$25.30	\$31.90	\$35.20	\$39.60	\$57.20	\$86.90	\$159.50	\$243.10	\$465.30	\$753.50	\$753.50
\$230,000	\$21.85	\$26.45	\$33.35	\$36.80	\$41.40	\$59.80	\$90.85	\$166.75	\$254.15	\$486.45	\$787.75	\$787.75
\$240,000	\$22.80	\$27.60	\$34.80	\$38.40	\$43.20	\$62.40	\$94.80	\$174.00	\$265.20	\$507.60	\$822.00	\$822.00
\$250,000	\$23.75	\$28.75	\$36.25	\$40.00	\$45.00	\$65.00	\$98.75	\$181.25	\$276.25	\$528.75	\$856.25	\$856.25
\$260,000	\$24.70	\$29.90	\$37.70	\$41.60	\$46.80	\$67.60	\$102.70	\$188.50	\$287.30	\$549.90	\$890.50	\$890.50
\$270,000	\$25.65	\$31.05	\$39.15	\$43.20	\$48.60	\$70.20	\$106.65	\$195.75	\$298.35	\$571.05	\$924.75	\$924.75
\$280,000	\$26.60	\$32.20	\$40.60	\$44.80	\$50.40	\$72.80	\$110.60	\$203.00	\$309.40	\$592.20	\$959.00	\$959.00
\$290,000	\$27.55	\$33.35	\$42.05	\$46.40	\$52.20	\$75.40	\$114.55	\$210.25	\$320.45	\$613.35	\$993.25	\$993.25
\$300,000	\$28.50	\$34.50	\$43.50	\$48.00	\$54.00	\$78.00	\$118.50	\$217.50	\$331.50	\$634.50	\$1,027.50	\$1,027.50
\$310,000	\$29.45	\$35.65	\$44.95	\$49.60	\$55.80	\$80.60	\$122.45	\$224.75	\$342.55	\$655.65	\$1,061.75	\$1,061.75

\$320,000	\$30.40	\$36.80	\$46.40	\$51.20	\$57.60	\$83.20	\$126.40	\$232.00	\$353.60	\$676.80	\$1,096.00	\$1,096.00
\$330,000	\$31.35	\$37.95	\$47.85	\$52.80	\$59.40	\$85.80	\$130.35	\$239.25	\$364.65	\$697.95	\$1,130.25	\$1,130.25
\$340,000	\$32.30	\$39.10	\$49.30	\$54.40	\$61.20	\$88.40	\$134.30	\$246.50	\$375.70	\$719.10	\$1,164.50	\$1,164.50
\$350,000	\$33.25	\$40.25	\$50.75	\$56.00	\$63.00	\$91.00	\$138.25	\$253.75	\$386.75	\$740.25	\$1,198.75	\$1,198.75
\$360,000	\$34.20	\$41.40	\$52.20	\$57.60	\$64.80	\$93.60	\$142.20	\$261.00	\$397.80	\$761.40	\$1,233.00	\$1,233.00
\$370,000	\$35.15	\$42.55	\$53.65	\$59.20	\$66.60	\$96.20	\$146.15	\$268.25	\$408.85	\$782.55	\$1,267.25	\$1,267.25
\$380,000	\$36.10	\$43.70	\$55.10	\$60.80	\$68.40	\$98.80	\$150.10	\$275.50	\$419.90	\$803.70	\$1,301.50	\$1,301.50
\$390,000	\$37.05	\$44.85	\$56.55	\$62.40	\$70.20	\$101.40	\$154.05	\$282.75	\$430.95	\$824.85	\$1,335.75	\$1,335.75
\$400,000	\$38.00	\$46.00	\$58.00	\$64.00	\$72.00	\$104.00	\$158.00	\$290.00	\$442.00	\$846.00	\$1,370.00	\$1,370.00
\$410,000	\$38.95	\$47.15	\$59.45	\$65.60	\$73.80	\$106.60	\$161.95	\$297.25	\$453.05	\$867.15	\$1,404.25	\$1,404.25
\$420,000	\$39.90	\$48.30	\$60.90	\$67.20	\$75.60	\$109.20	\$165.90	\$304.50	\$464.10	\$888.30	\$1,438.50	\$1,438.50
\$430,000	\$40.85	\$49.45	\$62.35	\$68.80	\$77.40	\$111.80	\$169.85	\$311.75	\$475.15	\$909.45	\$1,472.75	\$1,472.75
\$440,000	\$41.80	\$50.60	\$63.80	\$70.40	\$79.20	\$114.40	\$173.80	\$319.00	\$486.20	\$930.60	\$1,507.00	\$1,507.00
\$450,000	\$42.75	\$51.75	\$65.25	\$72.00	\$81.00	\$117.00	\$177.75	\$326.25	\$497.25	\$951.75	\$1,541.25	\$1,541.25
\$460,000	\$43.70	\$52.90	\$66.70	\$73.60	\$82.80	\$119.60	\$181.70	\$333.50	\$508.30	\$972.90	\$1,575.50	\$1,575.50
\$470,000	\$44.65	\$54.05	\$68.15	\$75.20	\$84.60	\$122.20	\$185.65	\$340.75	\$519.35	\$994.05	\$1,609.75	\$1,609.75
\$480,000	\$45.60	\$55.20	\$69.60	\$76.80	\$86.40	\$124.80	\$189.60	\$348.00	\$530.40	\$1,015.20	\$1,644.00	\$1,644.00
\$490,000	\$46.55	\$56.35	\$71.05	\$78.40	\$88.20	\$127.40	\$193.55	\$355.25	\$541.45	\$1,036.35	\$1,678.25	\$1,678.25
\$500,000	\$47.50	\$57.50	\$72.50	\$80.00	\$90.00	\$130.00	\$197.50	\$362.50	\$552.50	\$1,057.50	\$1,712.50	\$1,712.50

<b>CHILD(REN) SUPPLEMENTAL TERM LIFE AND ACCIDENTAL DEATH &amp; DISMEMBERMENT (AD&amp;D) INSURANCE</b>			
Monthly Premium Amount (Cost per Pay Period – 12/Year)			
Benefit Amount	Cost For All Children	Benefit Amount	Cost For All Children
\$5,000	\$1.80	\$10,000	\$3.60

**EMPLOYEE & Spouse PREMIUMS \*child included in employee prem. 12 PREMIUM/PAYROLL DEDUCTIONS PER YEAR**

Coverage Amount	Age												
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+
\$10,000	\$4.90	\$5.90	\$7.00	\$8.40	\$10.80	\$15.40	\$20.10	\$25.80	\$34.60	\$46.20	\$60.10	\$76.10	\$91.90
\$20,000	\$9.80	\$11.80	\$14.00	\$16.80	\$21.60	\$30.80	\$40.20	\$51.60	\$69.20	\$92.40	\$120.20	\$152.20	\$183.80
\$30,000	\$14.70	\$17.70	\$21.00	\$25.20	\$32.40	\$46.20	\$60.30	\$77.40	\$103.80	\$138.60	\$180.30	\$228.30	\$275.70