

ENCINITAS UNION SCHOOL DISTRICT
2020-2021 Benefits Selection Form
As of October 1, 2020

Employee Name (Print) _____ Employee I.D. No _____

The Encinitas Union School District contributes \$433.09 towards your District-offered health and welfare benefits. Your portion for the Kaiser Employee only plan will be \$144.36 per month. The coverage year runs from October 1, 2020 to September 30, 2021.

Check the boxes for the plan you are selecting:

DISTRICT CONTRIBUTION
\$433.09 per month 11-pay employee
No payroll deduction in the month of July

Kaiser Permanente HMO Plan -11- Pay

- | | |
|--|-------------|
| <input type="checkbox"/> Employee Only | \$ 577.45 |
| <input type="checkbox"/> Employee + Spouse | \$ 1,138.45 |
| <input type="checkbox"/> Employee + Child(ren) | \$ 1,003.81 |
| <input type="checkbox"/> Employee + Family | \$ 1,576.03 |

Choose to waive coverage

ALL PREMIUMS WILL BE PRE-TAXED UNDER THE 125C PLAN. Changes in the cafeteria plan elections can only be made at the end of the plan year unless due to and consistent with a valid status change (e.g., change in legal marital status; change in number of dependents; termination or commencement of employment; change in work schedule; dependent satisfies or ceases to satisfy dependent eligibility requirements; change in residence or worksite and such other events as would permit a revocation or change of election under IRC 125 regulations). Participation in this plan will automatically cease upon termination of employment. FICA taxes are not paid on Section 125 salary reduction; your social security benefits at retirement may be reduced. Execution of this benefit election/salary reduction agreement does not institute insurance coverage; an application for insurance must be completed. Premiums charged for insurance coverage may be adjusted by the insurance carrier issuing the contract and "take-home" pay may be higher or lower depending on the selections made.

Signature _____

Date _____