



**FAIRBANKS NORTH STAR BOROUGH SCHOOL DISTRICT  
HUMAN RESOURCES DEPARTMENT  
2025 FEA, FPA, & ESSA Healthcare Enrollment**

Check one: New Hire Add / Delete Dependent Marriage Divorce Other \_\_\_\_\_

Effective Date: \_\_\_\_\_

Part-time or Full-time

I Waive Medical Coverage (Waiver Form Required)

I Waive Dental, Vision, and Audio

Full-Time Employee Contributions (per pay period)	Plan A	Plan B	Plan C	DVA
Employee Only	\$840.00	\$71.00	\$236.00	\$17.00
Employee & Spouse	\$1,121.00	\$94.00	\$315.00	\$22.00
Employee & Children	\$1,121.00	\$94.00	\$315.00	\$22.00
Employee & Family	\$1,401.00	\$118.00	\$393.00	\$28.00

**Medical Plan Election** (must select Plan A, B or C, DVA Coverage, and indicate which family tier you elect)

Only employees currently on Plan A can enroll in Plan A

**EMPLOYEE INFORMATION:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Social Security Number      First Name, MI, Last Name      Date of Birth      M/F      F Number

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Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number: (    ) \_\_\_\_\_ Email Address \_\_\_\_\_

**DEPENDENT INFORMATION:**

Complete for each eligible dependent to be covered by this plan

Relationship Codes: **S** = Spouse (married); **C** = Natural Child/Step Child/Adopted Child /Legal Guardianship of Child

First, MI, Last Name	Gender	Date of Birth	Social Security Number	Relationship
_____	_____	____/____/____	_____	_____
_____	_____	____/____/____	_____	_____
_____	_____	____/____/____	_____	_____
_____	_____	____/____/____	_____	_____
_____	_____	____/____/____	_____	_____
_____	_____	____/____/____	_____	_____

