HAPPY VALLEY UNION SCHOOL DISTRICT

2024 - 2025 TEAMSTERS Insurance Selection Confirmation Sheet

Active CLASSIFIED Staff: Full Time Employee 1.00 FTE - Prorated for FTE

Tier Level & Plan Premium (Monthly)	SELECT 500	H.S.A.	DENTAL/VISION/LIFE ONLY
EMPLOYEE ONLY	746.00	750.00	99.00 District Contribution
EMPLOYEE + SPOUSE	1,264.00	1,267.00	167.00 District Contribution
EMPLOYEE + CHILDREN	1,202.00	1,214.00	159.00 District Contribution
EMPLOYEE + FAMILY	1,674.00	1,669.00	222.00 District Contribution

**** District contributions and In-Leiu payments as indicated in Article 7.2 of the Classified Agreement.**

EMPLOYEE SELECTION FOR 2024 - 2025 PLAN YEAR

No Changes from the 2023-2024 Plan _____

OR change my plan to:

Select 500	_____	EO	E+SP	E+CH	E+FAM
HSA	_____	EO	E+SP	E+CH	E+FAM
D,V,L Only	_____	EO	E+SP	E+CH	E+FAM
No Insurance (I have other insurance coverage	_____				

Print Name _____ **Last 4 of SS#** _____

Signature _____ **Date** _____

Notice: Once selected, your plan option may not be changed until the next open enrollment period (November-December 2025) to be effective January 01, 2026 UNLESS there is a qualifying event which will require updated enrollment/change form- forms are available at the District Office