



SWEETWATER COUNTY SCHOOL DISTRICT #1

2025-2026 Benefits Enrollment

Welcome to SCSD1



**SWEETWATER COUNTY
SCHOOL DISTRICT #1**

- All leave benefits will begin with the start of your contract, and all health, term life, accident, and long-term disability insurance benefits will begin the first day of the month following your contract start.
- Please contact Randi Johnson 307-352-3400 X 1222 with any questions or concerns.
- Please carefully read each page to understand all offered benefits.
- Table of Contents:
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 - 7) [Term Life and Accident Insurance](#)*
 - 8) [Health Insurance](#)*
 - 9) [Pre-Tax Savings Account](#) (optional)*
 - 10) [Employee Assistance Program](#)

* Enrollment Paperwork Required

RETIREMENT



**SWEETWATER COUNTY
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All part-time and full-time permanent employees of SCSD1 receive 18.62% of the employee's gross wages contributed to a Wyoming Retirement System Public Employee Pension Plan.

Of the 18.62%, SCSD1 contributes 14.94% and the employee contributes 3.68%. This contribution is taken automatically, pre-tax, from the employee's payroll and is sent electronically to the employee's WRS Pension Account each month.

This is a non-contributory Pension with the employee percentages negotiated each year. The employee cannot add to, or take away from, the designated contribution percentages.

WRS Pension Handbook is available at <https://retirement.wyo.gov/wp-content/uploads/NEW-Public-Employee-Handbook-2025-1.pdf>

RETIREMENT



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Please note: Beneficiaries are NOT automatically set up with Pension enrollment. Employees must designate beneficiaries with WRS either by opening an online account or by submitting a Pension Beneficiary Form. <https://retirement.wyo.gov/wp-content/uploads/MB-1-Beneficiary-Designation-PEJA.pdf>

An online WRS Pension Portal is available to designate beneficiaries and track retirement contributions at <https://pension.wyo.gov/Account/Register>. *(YOU WILL NOT HAVE AN ASSIGNED RAIN ID UNTIL SEPTEMBER, PLEASE WAIT TO CREATE AN ACCOUNT UNTIL AFTER SEPT. 10TH AND THEN WE CAN PROVIDE YOU WITH YOUR RAIN ID)*

See the Wyoming Retirement Systems YouTube Channel for directions on how to set up a WRS Pension Portal at <https://www.youtube.com/watch?v=McPTIo4TJPA>.

An additional retirement investment, 457 Deferred Compensation Plan, is also available with WRS. More information about the WRS Pension and the 457(b) investment options is available at <https://retirement.wyo.gov/en/DC>.

Certified Sick Leave, Absences & Personal Leave

Policy GCBDA/HG & Policy GCBDA-R



**SWEETWATER COUNTY
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- Ten (10) days sick leave accrued at the start of each contract year.
- Three (3) days personal leave accrued at the start of each contract year.
- Two (2) additional personal days may be taken at the expense of the daily substitute wage. (\$175/day)
- Three (3) sick days may be exchanged for one (1) personal day with a limit of five (5) additional personal days per school year.
- All unused sick leave will be carried over to succeeding years. An unlimited number of sick days may be carried over.
- Unused personal days will either be: 1) credited to each professional employee's salary at the current substitute daily rate at the conclusion of the contract year (\$175/day); or 2) credited to each professional employee's sick leave at the conclusion of each contract year.
- A Google Document will go out in March or April to elect option 1. Notice must be given to the Payroll Department by May 1st.

Certified Sick Leave, Absences & Personal Leave

Policy GCBDA/HG & Policy GCBDA-R



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MATERNITY/PATERNITY LEAVE:

Up to ten days of paid maternity/paternity leave, including adoption, will be granted before sick leave must be used.

If both parents are employed by the District, then only twenty (20) days may be used in combination. One parent may apply to the sick leave bank for up to an additional 15 days. Maternity/Paternity leave along with sick bank leave that is granted can only be used within the first 12 months from the date of birth or adoption. Any unused sick leave bank days remaining at the end of the 12-month period will be returned to the District sick leave bank.

Questions regarding Maternity/Paternity leave, accommodation requests or allegations of discriminatory conduct may be presented to the Human Resources Director.

BEREAVEMENT LEAVE:

Staff are eligible for four (4) bereavement leave days for spouse/partner, child, parent/in-law, step-parent, and sibling(s). Bereavement days must have prior approval from the Human Resource Office. Verifiable documentation may be required.

Certified Long-Term Disability Policy GCBG/HG & Policy GCBG-R/HG



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All permanent, full-time employees are insured under SCSD #1's group long-term disability income insurance policy through The Hartford.

The Long-Term Disability Insurance Plan (LTD) is part of the cumulative program of benefits offered by Sweetwater County School District Number One to provide for the health and welfare of certified employees of the District.

This benefit is provided to all eligible full-time employees who qualify for long-term disability income protection benefits under the current plan documents. The long-term disability income protection benefits are paid to eligible full-time certified employees who become disabled while actively employed with Sweetwater County School District Number One.

General Long Term Disability Plan Provisions:

1. The Employee will use all Sick Leave/Sick Bank days at 100% of salary prior to necessity of access to LTD coverage.
2. 90 day qualifying/elimination period
3. Pre-existing conditions provisions
4. Benefits until Social Security Retirement Age
5. No offset with Wyoming State Retirement Disability coverage
6. 66 2/3% of salary benefits
7. 3-month survivor Benefits
8. 24-month Own Occupation Coverage
9. Rehabilitation Benefits
10. Zero-day residual
11. 24 month mental/nervous/alcohol/drug condition
12. Effective date of coverage is the first of the month after active full-time employment begins.



The above are General Plan provisions and are subject to governance of the actual provisions included in the Long-Term Disability Insurance Employee Benefit Handbook, available upon request.

Certified Sick Leave Bank - POLICY GCBF/HG



SWEETWATER COUNTY
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Sick Leave Bank relates to the cumulative effort of the School District to protect the health and welfare of employees of the School District by allowing employees an opportunity to join a Sick Leave Bank with drawing power from a Sick Leave Bank equal to the number of days they have acquired in School Policy File: GCBDA (Sick Leave).

Certified employees may become eligible members by contributing one (1) day of personal sick leave to the Sick Leave Bank by September 1 of the employee's contract year. If the composite Sick Leave Bank drops to less than one hundred (100) days, one (1) additional day will automatically be withheld from all member's personal sick leave. Upon certified staff's retirement, all unused sick leave will be donated by default to the Sick Leave Bank unless specifically requested otherwise by the retiree.

Bank members cannot use Bank sick leave days until they have exhausted their cumulative sick leave. When new sick leave days are accrued, those must be exhausted before accessing previously approved sick bank hours. Sick Leave Bank for maternity leave or the care of immediate family members would be allowed to be utilized when all accrued sick leave except five (5) days are utilized. Approved sick bank hours will go back to the District sick bank if the purpose they were granted for no longer exists. Sick bank hours granted for maternity leave will expire 12 months from date of birth or adoption. Members must make application for Sick Leave Bank days to the Director of Human Resources/Superintendent.

The Sick Leave Bank is designed to be used when an employee is unable to perform at least one of the essential functions of his or her position because of the employee's own serious health condition, including prenatal and pregnancy -related issues or a potentially life-threatening condition of a spouse, partner, or dependent.

Certified Sick Leave Bank - POLICY GCBF-R/HG



SWEETWATER COUNTY
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The Director of Human Resources/Superintendent will use the following rules and regulations in administering the Sick Leave Bank:

1. Any certified employee of Sweetwater County School District Number One is eligible to join the Sick Leave Bank. Those who wish to join the Bank may do so during open enrollment either during the first week of the Fall Semester or during the first week of the Spring Semester, or within ten (10) days of employment. Those who wish to join must apply only once.
2. Certified employees who work less than full-time may participate in the Sick Leave Bank by donating one day of their accumulated sick leave to the Bank, the same as full-time employee requirements.
3. The Bank is intended to benefit an employee who is unable to perform at least one of the essential functions of his or her position because of the employee's own serious health condition or that of an immediate family member. The serious health condition is only that which has occurred to the employee or relative or dependent of the employee and not one which has the potential of occurring.
4. The Director of Human Resources/Superintendent requires a physician's certification verifying an employee's own serious health condition.
5. Members are only eligible to apply for Sick Leave Bank days equal to the number of days she/he had available to her/him when the serious health condition occurred, or the day of birth for maternity leave: i.e., Jane Doe had thirty (30) days sick leave when injured in an accident. After missing thirty (30) days of work, she was then eligible to receive up to an additional thirty (30) days of sick leave through the Sick Leave Bank, which must be related to the serious health condition.
6. The Human Resource Director and Superintendent together have authority to grant sick bank days in extenuating circumstances on a case by case review.
7. Any member of the Bank need not necessarily contribute one day each year. After the initial one-day contribution, additional days will be withdrawn from members accumulated sick days only when the total number of days in the Bank falls below 100.

Certified Sick Leave Bank - POLICY GCBF-R/HG



SWEETWATER COUNTY
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The Director of Human Resources/Superintendent will use the following rules and regulations in administering the Sick Leave Bank:

8. For those individuals who have exceeded their personal sick days and have no days to contribute to the Sick Leave Bank when it is accessing the membership for days to maintain the Bank as per Policy File: GCBF/HG, the following options are available:
 - a) Personal Day - If you have personal days you may donate one day to the Sick Leave Bank to keep your membership active.
 - b) Endorsement to next school year - If you do not have a personal day to donate you may endorse over one of your sick days to be deducted at the beginning of the next school year.
9. Sick Leave Bank benefits are applicable for the duration of the employee's continuous contracted employment.
10. All records for the Bank will be kept in the Superintendent's, or designee's, office. Applications to use days from the Bank must be made to the Director of Human Resources/Superintendent.
11. The Director of Human Resources/Superintendent will process the request within three (3) working days after receiving a request to use Sick Leave Bank days.
12. All requests must be submitted in written form at the earliest possible time. In an emergency, requests may be made verbally, but must be followed by a written request at the earliest possible time.
13. Any questions concerning the Sick Leave Bank should be referred to the Director of Human Resources/Superintendent.
14. Resignation from the Bank must be made in writing to the Director of Human Resources/Superintendent. The Director of Human Resources/Superintendent will confirm the receipt in writing and will inform the Board of Trustees of such action. Members can resign from the Bank at any time, however, if they choose to reenter their membership they will be treated as a new member and will be required to give one day from their sick leave for the Sick Leave Bank.

Certified Short-Term Disability - POLICY GCBH/HG



The Board of Trustees recognizes that the inability to work because of personal illness or injury may cause economic hardship to certified employees.

The Board of Trustees provides short-term disability income protection benefits for all eligible certified employees.

Eligibility: The short-term disability income protection benefits are available if you are a certified employee, eligible to accumulate sick leave, and you are a contributing member of the Sick Leave Bank. Written verification of continuous disability, as defined below, may be required from the employee during any period for which benefits are sought. Failure to become a member of the Sick Leave Bank, as defined under District Policy File GCBF/HG, means the certified employee is ineligible for short-term disability income protection benefits.

Definition of Disability: You will receive short-term disability income benefits if you are deemed medically unable to perform the essential functions of your position because of personal illness or injury and you are under continuous treatment by a licensed physician.

Amount of Benefits: The short-term disability income benefits shall be calculated at a rate of 70 percent of the eligible, certified employee's regular daily or hourly rate, measured from the beginning date of disability, subject to all applicable deductions. For the recurrence of a personal illness or injury, to be considered a new disability eligible for additional short-term disability income protection benefits, the employee must have returned to work for a period equal in length to the most recent period of receipt of short-term disability income protection benefits.

Duration of Benefits: Short-term disability income protection benefits begin on the next scheduled school day after the eligible certified employee exhausts all of the employee's accumulated sick leave and exhausts all of the employee's sick-leave bank eligibility due to qualifying personal illness or injury. Benefits will be payable for a maximum of 90 calendar days or until the employee becomes eligible for the long-term disability benefits under the District's long-term disability insurance plan, whichever occurs first.

Exclusions: Short-term disability income protection benefits are not available for personal injury or illness caused by or resulting from war or any act of war, whether declared or not; intentionally self-inflicted injury, while sane or insane; or taking part in, or the result of taking part in, committing an assault or felony.

Pre-existing Conditions: Short-term disability income benefits are not paid for any disability caused by a pre-existing condition unless the disability starts after the earlier of: three (3) consecutive months, ending on or after the day you become eligible for short-term disability income benefits, during which you do not consult with or receive advice from a licensed medical or dental practitioner or receive medical or dental care, treatment, or services, including taking drugs, medicine, insulin, or similar substances, for that condition; or twelve (12) consecutive months during which you are eligible for short-term disability income benefits. A pre-existing condition is defined as an injury, sickness, or pregnancy or any related injury, sickness, or pregnancy for which you: consulted with or received advice from a licensed medical or dental practitioner; or received medical or dental care, treatment, or services, including taking drugs, medicine, insulin, or similar substances during the three (3) months that end on the day before you became eligible for short-term disability income benefits.

Benefit Reductions: The short-term disability income protection benefits shall be reduced by Social Security benefits; Workers' Compensation benefits; or like benefits paid to the employee as a result of the qualifying illness or injury. Other employee benefits and accruals will continue according to terms of the applicable plans.

Obligation to Request Benefits: Eligible employees should notify the Human Resources Director and request short-term disability income protection benefits under this plan as soon as possible when the employee has a qualifying illness or injury.

Certified Sick Leave Bank Enrollment Form



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CERTIFIED SICK LEAVE BANK

All active, full-time certified employees, may join the Certified Sick Leave Bank within ten (10) days of beginning employment or during the open enrollment period of the first week of either the Fall or Spring Semester each academic year.

To join the Sick Leave Bank, this application must be filled out, signed, and returned to the Office of Human Resources at the Central Administration Building within the enrollment edibility deadline as explained above.

At this time, I, _____, elect not to join the Certified Sick Leave Bank and understand I may join the Certified Sick Leave Bank later as outlined in Policy GCBF.

I, _____, would like to join the Certified Sick Leave Bank as per Policy GCBF. I agree to donate one (1) day of my accrued sick leave to become a member. I understand if the aggregate number of days in the Sick Leave Bank fall below 100 days, one (1) additional day will be withheld from my personal accumulated sick leave to maintain membership.

_____ Signature	_____ Date
_____ Location	_____ Position

CERTIFIED SICK LEAVE BANK ADMINISTRATION
Tiffany Gunter – Director of Human Resources
Teresa Wells – Human Resources Generalist

PO Box 1089, Rock Springs WY 82901
307-352-3400 x 8501
HR@sw1.k12.wy.us
888-503-5671 (fax)

Membership in the Sick Leave Bank is a voluntary benefit, and employee signature is required for election or waiver of enrollment.

New full-time hires may elect to join or waive the Sick Leave Bank during the new hire benefits enrollment period.

Election to join the Sick Leave Bank after this time is the sole responsibility of the eligible employee.

If electing enrollment, one Sick Leave day donation and membership will begin at the beginning of the certified contract.

IRS Section 125 Cafeteria Plan Pre-Tax Deduction Options



**SWEETWATER COUNTY
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Section 125 Cafeteria Plan allows full-time and part-time employees the opportunity to receive pre-tax deductions on eligible benefits, such as health insurance premiums (medical, dental, vision), contributions to Flexible Spending or Health Savings Accounts for eligible medical and/or dependent care expenses, retirement contributions, and supplemental insurance (life, disability, specified disease, critical illness, hospital indemnity, accident).

Employees electing enrollment in Section 125 (Cafeteria Plan) benefits will have eligible premiums and contributions deducted pretax (excluded from gross wages) reducing federal income tax liability.

For example:

Pre-Tax Deductions		After-Tax Deductions	
Gross Wages:	\$2000	Gross Wages:	\$2000
Pre-Tax Premium Deductions:	-\$500	Federal Taxes (25%):	-\$500
Net Wages*:	\$1500	Net Wages:	\$1500
Federal Taxes (25%)	-\$375	After-Tax Premium Deductions:	-\$500
Take home pay:	\$1125	Take home pay:	\$1000

SCSD1 contracts with **AFLAC Administrative Services** to oversee and validate the pre-tax and flexible spending benefits offered through Section 125 programs.

In turn, AFLAC offers SCSD1 employees substantial premium discounts on valuable supplemental insurance products.

For more information about AFLAC coverages or to schedule an appointment with the SCSD1 agent, please contact **Alexie Cilensek** at 307-389-2683 or alexie@pitschins.com.

Enrollment eligibility is available for 30 days from the start of full-time service for all new, full-time employees. Otherwise, pre-tax deduction elections will not be available until the next annual enrollment for benefits to begin the next school year on September 1st.

Section 125 Enrollment Form



SWEETWATER COUNTY
SCHOOL DISTRICT #1

Sweetwater County School Dist. #1
3550 Foothill Blvd, Rock Springs,
WY 82901
307-352-3400

AUTHORIZATION FOR PAYROLL REDUCTION
FOR CAFETERIA PLAN PREMIUM ONLY PLAN

Section 125 pre-tax deductions are a voluntary benefit, and an employee signature is required for election or waiver of enrollment.

Complete the top information box and sign & date the bottom line.

To ELECT pre-tax premium deductions, initial the lines and box indicated by the BLUE arrows.

To WAIVE pre-tax premium deductions, initial the box indicated by the RED arrow.

EMPLOYER: Sweetwater County School District #1

EMPLOYEE NAME: SOCIAL SECURITY NUMBER:

ADDRESS: CITY: ST:

EMAIL ADDRESS: PHONE:

DATE OF BIRTH: DATE OF HIRE:

Pay cycle: Semi monthly (23 or 19) Monthly (12 or 10)

I elect the eligible plans I am enrolled in to be deducted on a pre-tax basis:

All eligible plans

OR

Medical

Dental

Vision

I hereby authorize a salary reduction for the pre-tax plans/amounts shown above. I understand that this election CANNOT BE REVOKED during the plan year unless there is a qualifying event. I authorize continued annual pre-tax deductions of the premiums and should I elect to opt out, I will do so in writing at that time of a qualifying event or before the start of the next plan renewal date.

OR

The Cafeteria Plan under Section 125 has been offered to me and I understand its benefits. I decline to participate at this time and understand I cannot get back in to the plan until the next open enrollment period or at the time of a qualifying event.

Signature Date:

Term Life and Accident Insurance Benefits



SWEETWATER COUNTY
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Basic Term Life and Accident Insurance: SCSD1 is a member of the Wyoming School Boards Association's group term life and accident insurance policy through New York Life Group Benefit Solutions.

This allows SCSD1 to pay for term life and accident insurance for all full-time employees at 2x his/her annual compensation or a maximum of \$200,000.

In addition, SCSD1 pays for term life insurance for all full-time employees' spouse and/or dependent children under the age of 19 or full-time students under age 26:



- Spouses are covered at \$5,000
- Dependent children are covered at \$2,000 each

Supplemental Term Life and Accident Insurance: Additional Term Life and Accident insurance is available for employees to purchase at a discount group rate.

All new, full-time employees are also offered an opportunity to purchase a guaranteed issue amount of supplemental term life insurance without requiring New York Life Group Benefit Solutions underwriting approval.

- Up to \$50,000 guaranteed issue for the Employee.
- Up to \$20,000 guaranteed issue for Spouse.
- Up to \$10,000 guaranteed issue for each dependent child.

Additional supplemental term life insurance amount are available to purchase but require a separate application and health summary form to be submitted to New York Life Group Benefit Solutions for underwriting approval.

Additional accident insurance is available to purchase but requires a separate application.

See the benefits website http://www.sweetwater1.org/groups/4814/human_resources/benefits for Voluntary Life and Accident brochures and enrollment forms.



Term Life and Accident Insurance Enrollment Form



Basic Term Life and Accident Insurance is a free, voluntary benefit and an employee signature is required for election or waiver of enrollment.

Complete the Employee section and sign & date the bottom line.

To WAIVE all basic term life and accident insurance coverages, mark the WAIVE box indicated by the RED arrow.

To ELECT Employee basic term life and accident insurance coverages, mark the ELECT box indicated by the BLUE arrow.

To ELECT Spouse basic term life and accident insurance benefit, complete the Spouse Section mark and mark the ELECT box indicated by the GREEN arrows.

To ELECT Dependent Child(ren) basic term life and accident insurance coverages, complete the Dependent Child(ren) section and mark the ELECT box indicated by the ORANGE arrows.

If enrollment is elected, a New York Life Insurance Beneficiary form is also required.

Wyoming School Boards Association Life Policy #FLX-980201/ADD Policy #OK960412

(Offered through New York Life Group Insurance)

Life - ADD Insurance - Basic Life (Employee, Dependent Spouse, & Children)

School District: Sweetwater County School District #1

- 1) Employee must be covered by Basic Life in order to elect coverage for spouse and/or child(ren)
- 2) The employee is the beneficiary for any dependent spouse and/or dependent child(ren) Basic Life insurance coverage.

Employee Name: _____

Basic Life - All Eligible Employees \$ 2 X Annual Compensation - Maximum \$200,000

Basic ADD - All Eligible Employees \$ 2 X Annual Compensation - Maximum \$200,000

(Basic premium pd. for by district)

Elect Coverage ☐

Waive Coverage ☐

Dependent Spouse Name: _____

Date of Birth: _____

Basic Life \$ 5,000

Elect Coverage ☐

Waive Coverage ☐

Dependent Child Name 1: _____

Date of Birth 1: _____

Dependent Child Name 2: _____

Date of Birth 2: _____

Dependent Child Name 3: _____

Date of Birth 3: _____

Basic Life \$ \$2,000

(Attach page to list other dependent children)

Elect Coverage ☐

Waive Coverage ☐

I authorize my employer to deduct from my wages the premium, if any, for the elected coverage. To the best of my knowledge and belief, the information I have provided on this form is correct. I understand my coverage begins on the effective date assigned by the school district, provided I am actively at work. (Keep in the employee's personnel file at the district)

Employee Signature: _____ Date: _____

Beneficiary Designation Form – Basic Life & Accident Insurance Benefit



**SWEETWATER COUNTY
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**GROUP BENEFIT
SOLUTIONS**

Life Insurance Company of North America
New York Life Group Insurance Company of NY
Connecticut General Life Insurance Company

Beneficiary Designation Form

[CLEAR FORM](#)

Employer Name: _____
Employee Name: _____ **Employee Social Security Number:** _____
Current Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Home Phone: _____ **Work Phone:** _____

Primary and Contingent Beneficiaries - Unless you designate a percentage, proceeds are paid to primary surviving beneficiaries in equal shares. Proceeds are paid to contingent beneficiaries only when there are no surviving primary beneficiaries. If you designate contingent beneficiaries and do not designate percentages, proceeds are paid to the surviving contingent beneficiaries in equal shares. Unless otherwise provided, the share of a beneficiary who dies before the insured will be divided proportionately among the surviving beneficiaries in the respective category (primary or contingent).

If you need additional space to indicate your beneficiary designations, attach a separate piece of paper using the below format including the appropriate policy number, the date, and your signature.

Basic Life Insurance				Policy No.	FLX-980201
Employee's Primary Beneficiary(ies):	Relationship	Social Security Number	Date of Birth	% (total must equal 100%)	
				%	
				%	
				%	
Employee's Contingent Beneficiary(ies):	Relationship	Social Security Number	Date of Birth	% (total must equal 100%)	
				%	
				%	
				%	
Voluntary Life Insurance				Policy No.	FLX 980201
☐ Check here if you want to use the same designations here that you used for Basic Life Insurance, and do not complete the rest of this section.					
Employee's Primary Beneficiary(ies):	Relationship	Social Security Number	Date of Birth	% (total must equal 100%)	
				%	
				%	
				%	
Employee's Contingent Beneficiary(ies):	Relationship	Social Security Number	Date of Birth	% (total must equal 100%)	
				%	
				%	
				%	
Basic Accidental Death & Dismemberment Insurance				Policy No.	OK960412
☐ Check here if you want to use the same designations here that you used for Basic Life Insurance, and do not complete the rest of this section.					
Employee's Primary Beneficiary(ies):	Relationship	Social Security Number	Date of Birth	% (total must equal 100%)	
				%	
				%	
				%	
Employee's Contingent Beneficiary(ies):	Relationship	Social Security Number	Date of Birth	% (total must equal 100%)	
				%	
				%	
				%	

Note: This form is not complete without your signature. Please sign the form on the next page where indicated.

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Voluntary Accidental Death & Dismemberment Insurance				Policy No.	OK960412
☐ Check here if you want to use the same designations here that you used for Basic Accidental Death & Dismemberment Insurance, and do not complete the rest of this section.					
Employee's Primary Beneficiary(ies):	Relationship	Social Security Number	Date of Birth	% (total must equal 100%)	
				%	
				%	
				%	
Employee's Contingent Beneficiary(ies):	Relationship	Social Security Number	Date of Birth	% (total must equal 100%)	
				%	
				%	
				%	

Community Property Laws - If you are married, reside in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin), and name someone other than your spouse as beneficiary, payments of benefits may be delayed or disputed unless your spouse provides their signature in the space provided below.

Spouse's Signature: _____ Date: _____

Owner's Signature: _____ Date: _____

Guidelines for Designation of Beneficiaries

General - Please be sure to include the beneficiary's full name, social security number and relationship to you. Providing this information can help expedite the claim process by making it easier to locate and verify beneficiaries.

Minors - While you may designate minors as beneficiaries, please note that claim payments may be delayed due to special issues raised by these designations. In the event of a claim and the beneficiary is a minor child, the insurance proceeds will not be released to the minor child. The insurance proceeds may be paid to a duly appointed guardian of the child's estate. You may want to obtain the assistance of an attorney in drafting your beneficiary designation(s).

Trust as Beneficiary - You may designate a trust as beneficiary, using the following form: "To [name of trustee], trustee of the [name of trust], under a trust agreement dated [date of trust]."

If you wish to designate a testamentary trust as beneficiary (i.e. one created by will), you should recognize the possibility that your will which was intended to create this trust may not be admitted to probate because it is lost, contested, or superseded by a later will. Claim payment delays can result if the beneficiary designation does not provide for this situation.

Domestic Partner - If you wish to designate your domestic partner as your beneficiary, you must complete a beneficiary form. Otherwise, your death benefit will be paid according to the provisions of the policy.

Life Status Changes - We recommend that you review your beneficiary designation(s) when significant life status events occur, such as marriage, divorce, or birth of a child.

See an Attorney! The above guidelines are general and are not intended to be relied on as legal advice. Unless your designation is a simple one, we recommend that you obtain the assistance of an attorney in drafting your beneficiary designation(s). A qualified attorney can help assure that your beneficiary designation correctly reflects your intentions, is clear and unambiguous, and meets legal requirements.

[CLICK TO PRINT](#)

924616 05/2021

Voluntary Term Life Insurance & Accidental Death & Dismemberment Insurance



**SWEETWATER COUNTY
SCHOOL DISTRICT #1**

YOUR COVERAGE ELECTIONS

View the enclosed Summary of Benefits for full costs and instructions for how to calculate premium.

Employee-Paid (Voluntary) Term Life Insurance Policy # FLX 980201		
Applicant	Available Coverage	Choose your desired coverage amount below or enter a different amount in the "Other" field.
Employee	Units of \$10,000 up to \$500,000. Guaranteed Coverage: \$50,000	☐ \$10,000 ☐ \$50,000* ☐ \$500,000** ☐ Other _____ <i>Amount must be a multiple of \$10,000.</i> ☐ Decline Coverage
Spouse	Units of \$5,000 up to \$250,000. Guaranteed Coverage: \$20,000	☐ \$5,000 ☐ \$20,000* ☐ \$250,000** ☐ Other _____ <i>Amount must be a multiple of \$5,000. The amount cannot exceed 100% of the employee's coverage.</i> ☐ Decline Coverage
Child	Units of \$5,000 up to \$10,000.	☐ \$5,000 ☐ \$10,000** ☐ Other _____ <i>Amount must be a multiple of \$5,000.</i> ☐ Decline Coverage

***This is the maximum amount that you can choose under this plan.
All coverage elected during this enrollment period, the date your election form is received by your employer, or if applicable the day your Evidence of Insurability Form is approved by the Insurance Company.*

Employee's Monthly Cost of Coverage:

Age	Employee Cost Per \$10,000 Unit		Spouse Cost Per \$5,000 Unit	
	Non-Smoker	Smoker	Non-Smoker	Smoker
0-19	\$0.480	\$0.770	\$0.240	\$0.385
20-24	\$0.480	\$0.770	\$0.240	\$0.385
25-29	\$0.480	\$0.770	\$0.240	\$0.385
30-34	\$0.680	\$1.060	\$0.340	\$0.530
35-39	\$0.870	\$1.450	\$0.435	\$0.725
40-44	\$0.970	\$2.320	\$0.485	\$1.160

YOUR COVERAGE ELECTIONS

View the enclosed Summary of Benefits for full costs and instructions for how to calculate premium.

Employee-Paid (Voluntary) Accidental Death & Dismemberment Insurance Policy # OK 960412		
Applicant	Available Coverage	Choose your desired coverage amount below or enter a different amount in the "Other" field.
Employee	Units of \$10,000 up to \$500,000.	☐ \$10,000 ☐ \$220,000 ☐ \$500,000** ☐ Other _____ <i>Amount must be a multiple of \$10,000.</i> ☐ Decline Coverage
Family Option 1	Spouse/Domestic Partner Principal Sum: If no Dependent Children are insured: 60% of the Employee's Principal Sum If one or more Dependent Children are insured: 50% of the Employee's Principal Sum. Maximum Benefit Amount: \$300,000 Dependent Child Principal Sum: If Spouse/Domestic Partner is insured: 15% of the Employee's Principal Sum If no Spouse/Domestic Partner is insured: 20% of the Employee's Principal Sum. Maximum Benefit Amount: \$35,000	☐ Accept Coverage ☐ Decline Coverage
Family Option 2	Spouse/Domestic Partner Principal Sum: 100% of the Employee's Principal Sum. Maximum Benefit Amount: \$500,000 Dependent Child Principal Sum: 50% of the Employee's Principal Sum. Maximum Benefit Amount: \$50,000	☐ Accept Coverage ☐ Decline Coverage

Your Monthly Cost of Coverage:

Employee Only Cost Per \$10,000 unit = \$0.230

Employee and Family Cost Per \$10,000 unit = Option 1-\$0.035; Option 2-\$0.045

Actual per pay period premiums may differ slightly due to rounding. Benefits will reduce on age (see Benefits Reduction Schedule for details).

Rates may be subject to change in the future.

WRS also offers a Life Insurance Policy through NCPERS. For more information, contact WRS directly at 307-777-76991 or visit <https://ncpers.memberbenefits.com/wyo/>



Wyoming Retirement System
Public Employee Financial Protection Plan



**Guaranteed
coverage you
can keep for life**

Group Decreasing Term Life Insurance



National Conference on Public
Employee Retirement Systems

More coverage when you need
it most

The plan is designed to pay a maximum benefit amount in your younger years, when your financial obligations may be more significant. That benefit gradually decreases as you get older, when your financial obligations may be less. And the flat rate helps ensure it's affordable coverage the whole time, with no surprise rate hikes.

**AGE
50
AND UNDER**

\$16 a month means:
A way to supplement pension survivor benefits during the early family-building years, when your family's needs are greatest.

**OVER
AGE
50**

\$16 a month means:
Your family will have help covering essentials like funeral costs, medical bills, and credit card debt.



Exclusive member benefit—\$16/month.

A group rate that's competitive

NCPERS guarantees that every active member, regardless of age, pays \$16 a month, and it will **never increase**.

Members				Dependent Group Decreasing Term Life	
Member's Age at Time of Claim	Group Decreasing Term Life	Group AD&D	Total Benefit for Accidental Death	Spouse/ Domestic Partner	Child(ren)
Less than 25	\$225,000	\$100,000	\$325,000	\$20,000	\$4,000
25 to 29	\$170,000	\$100,000	\$270,000	\$20,000	\$4,000
30 to 39	\$100,000	\$100,000	\$200,000	\$20,000	\$4,000
40 to 44	\$65,000	\$100,000	\$165,000	\$18,000	\$4,000
45 to 49	\$40,000	\$100,000	\$140,000	\$15,000	\$4,000
50 to 54	\$30,000	\$100,000	\$130,000	\$10,000	\$4,000
55 to 59	\$18,000	\$100,000	\$118,000	\$7,000	\$4,000
60 to 64	\$12,000	\$100,000	\$112,000	\$5,000	\$4,000
65 and over	\$7,500	\$7,500	\$15,000	\$4,000	\$4,000

Payment Examples:

1. If an insured member age 38 dies of natural causes, the beneficiary would receive \$100,000. If death is due to a covered accident, \$200,000 would be payable.
2. If the spouse or domestic partner of a 42-year-old member dies, the member would receive \$18,000.
3. If a dependent child less than age 26 dies, the payment to the member would be \$4,000.

**Unmarried children up to age 26 are covered, including adopted children, stepchildren, and foster children who depend on you for support. Dependents in the military service are not eligible.*

Health Insurance Plan Options



SWEETWATER COUNTY
SCHOOL DISTRICT #1

SCSD1 carries a self funded health insurance plan giving SCSD1 all financial risk for providing health care benefits for employees, eligible retirees and their families, but allows SCSD1 employees and retirees to pay "wholesale" monthly premium costs instead of paying a "retail" premium to another insurance carrier for a fully insured plan.

In addition, the self funded plan allows SCSD1 to customize the coverages and benefits to meet the specific health care needs of employees, eligible retirees and their families, as opposed to purchasing a 'one-size-fits-all' insurance policy.

The SCSD1 Chief Financial Officer and the Health Insurance Committee supervise and regulate the health plan. The Insurance Committee is comprised of volunteer employees & retirees from different employment classifications, as well as, the District Accountant, Human Resource Director, current SEA president, a representative from the SCSD1 School Board and SCSD1's Health Insurance Consultant/Broker.

SCSD1 contracts a third-party administrator (TPA) to process or adjudicate claims, contract PPO services and provide utilization review of claims on behalf of SCSD1's self funded benefit plan.

UMR is the TPA to oversee medical, dental and vision coverages and **OptumRx** is the TPA to oversee pharmacy coverages for SCSD1.



SCSD1's Preferred Provider Network is **UnitedHealthcare Options PPO**. This is a broad network with thousands of physicians and hospitals nationwide.



SCSD1's three medical and pharmacy plans offer two levels of coverage – a higher level of benefits for in-network providers and a lower level of benefits for out-of-network providers. Members have the freedom to see any health care professional or visit any facility in the nationwide network, including specialists, without a referral and without choosing a primary physician. In addition, members can choose services outside of the PPO network covered at a higher coinsurance and deductible level.



Medical & Pharmacy Plan Options



**SWEETWATER COUNTY
SCHOOL DISTRICT #1**

2025-2026 Employee Health Plan Options

Non-Qualified Health Plan			HSA Qualified High-Deductible Health Plan			HSA Qualified High-Deductible Health Plan						
ER Copay Deductible *		\$1,000 PPO			\$1,700 HDHP			\$2,500 HDHP				
		In Network	OOB		In-Network	OOB		In-Network	OOB			
		\$150	\$150		n/a	n/a		n/a	n/a			
	Single	\$1,000	\$2,000	Single	\$1,700	\$5,000	Single	\$2,500	\$5,000			
		Family	\$2,000		\$4,000	Not Single		\$3,400	\$10,000	Not Single	\$5,000	\$10,000
	Coinsurance	20%	50%	Coinsurance	20%	50%	Coinsurance	20%	50%			
	OOP Maximum	Single	\$4,000	\$8,000	OOP Maximum	Single	\$4,500	\$10,000	OOP Maximum	Single	\$6,000	\$10,000
		Family	\$8,000	\$16,000		Not Single **	\$9,000	\$20,000		Not Single **	\$12,000	\$20,000
	Pharmacy Retail	\$10/20% + \$15/30% + \$20		Pharmacy Retail	20% after deductible		Pharmacy Retail	20% after deductible				
Pharmacy Mail	\$0/20%/30% + \$15		Pharmacy Mail Program	20% after deductible		Pharmacy Mail Program	20% after deductible					
Pharmacy Specialty Rx	\$10/20% + \$15/30% + \$20		Pharmacy Specialty Rx	20% after deductible		Pharmacy Specialty Rx	20% after deductible					
Preventative Procedures Covered at 100% in-network			Preventative Procedures Covered at 100% in-network			Preventative Procedures Covered at 100% in-network						
Out of Pocket maximum includes deductibles and Medical and Pharmacy copays. Pharmacy counts towards in-network only.			Out of Pocket maximum includes deductibles for Medical and Pharmacy. Pharmacy counts towards in-network only.			Out of Pocket maximum includes deductibles for Medical and Pharmacy. Pharmacy counts towards in-network only.						
* Deductible: If you have family coverage, any combination of covered family members can help meet the maximum family deductible, up to each person's individual amount.			^ Deductible: If you have family coverage, any combination of covered family members can help meet the maximum family deductible.									
			^^ Not Single In-Network Out-of-Pocket Maximum: \$6,850 PPO Maximum amount that any one person will satisfy towards the annual family OOP in-network only.									

Dental & Vision Insurance Plan Options



**SWEETWATER COUNTY
SCHOOL DISTRICT #1**

Stand-Alone Dental & Vision Plans		
	Dental	
*Deductible:		
Single	\$50	Medical enrollment is not required to maintain Dental and/or Vision coverages.
Two-Party	\$100	
Diagnostic/Preventive	100% (Ded waived)	
Basic Services	80%	
Major Services	80%	
Orthodontic	80%	
Annual Benefit Maximum	\$2,000 per person	
Lifetime Ortho Maximum	\$1,500 per person	
	Vision	
Eye Exam (1 per year)	100%	**One set of frames and lenses for glasses OR one order of elective contact lenses allowed per plan year.
Lenses (1 set per year)	100% to \$350 Max	
** Frames (1 pair per year)	100% to \$200 Max	
or Elective Contacts (1x year)	100% to \$350 Max	

*Deductible: If you have two-party coverage, any combination of covered members can help meet the maximum two-party deductible, up to each person's individual amount.

The Dental and Vision plan options are stand-alone plans and medical/pharmacy enrollment is not required to enroll in dental and/or vision coverages.

Dental and Vision plans do not have a required Preferred Provider Network or in-network or out-of-network coverage levels.

If elected providers will not submit a claim to UMR, enrolled members must pay in full for services and submit receipts to UMR for reimbursement.

UMR reimbursement forms are available at <https://member.umr.com/tpa-ap-web/?navDeepDive=MemberFormsMenu>

Insurance Plan Monthly Premiums



**SWEETWATER COUNTY
SCHOOL DISTRICT #1**

Sweetwater County School District #1
2025-2026 Health Plan Options - Full-Time Employees
Monthly Premiums Effective September 1, 2025

\$1,000 Deductible	Health	Dental	Vision	Total*
Employee	\$147	\$7	\$5	\$159
Employee + Spouse	\$643	\$37	\$23	\$703
Employee + Child(ren)	\$364	\$14	\$9	\$387
Employee + Spouse + Child(ren)	\$837	\$42	\$27	\$906
Dual Employee	\$277	\$14	\$10	\$301
Dual Employee + Child(ren)	\$430	\$21	\$14	\$465
\$1,700 High Deductible - Health Savings Account Qualified	Health	Dental	Vision	Total*
Employee	\$130	\$7	\$5	\$142
Employee + Spouse	\$569	\$37	\$23	\$629
Employee + Child(ren)	\$251	\$14	\$9	\$274
Employee + Spouse + Child(ren)	\$741	\$42	\$27	\$810
Dual Employee	\$245	\$14	\$10	\$269
Dual Employee + Child(ren)	\$381	\$21	\$14	\$416
\$2,500 High Deductible - Health Savings Account Qualified	Health	Dental	Vision	Total*
Employee	\$108	\$7	\$5	\$120
Employee + Spouse	\$470	\$37	\$23	\$530
Employee + Child(ren)	\$207	\$14	\$9	\$230
Employee + Spouse + Child(ren)	\$612	\$42	\$27	\$681
Dual Employee	\$203	\$14	\$10	\$227
Dual Employee + Child(ren)	\$315	\$21	\$14	\$350

Total* - Total monthly premium if stand alone plans for Health, Dental, and Vision are selected.

Listed premiums are the employee's portion of the premium and based on a 12-month, monthly pay schedule.

SCSD1 pays 85% of the total premium cost for employee and employee + children coverage levels, and 60% for spouses.

Teachers electing a 12-month contract payout will have the annual premium total divided equally between 23 paychecks.

Teachers electing a 10-month contract payout will have the annual premium total divided equally between 19 paychecks.

All premiums are deducted automatically from each paycheck beginning with the September 5th payroll and ending with the last payroll of the contract year.

Premiums for June-August 2026 will be prepaid by the end of the contract year for coverages to continue through August 31, 2026.

Health insurance enrollment is a voluntary benefit and an employee signature is required for waiver and/or enrollment in benefits.

All employees must complete the top portion of the first page.

If any or all coverages are waived, the middle box on the second page must signed and dated to allow Special Enrollment privileges during the plan year, if necessary (see RED arrow).

If any portion of enrollment is elected, complete all applicable sections as indicated by the GREEN arrows.

If enrolling dependent and/or spouse coverages, complete all applicable sections as indicated by the BLUE arrows.

NOTE: All names and Social Security Numbers must match EXACTLY as listed on the Social Security Card.



**SWEETWATER COUNTY
SCHOOL DISTRICT #1**

**Active Employee
2025-2026 Enrollment Form**



Benefits Administered by:
UMR - ENROLLMENT SERVICES
PO BOX 8052 - WAUSAU, WI 54402-8052

☐ **Open Enrollment**

☐ **New Full-Time Employee**

☐ **Change (must also complete & sign top box on the second page)**

SWEETWATER COUNTY SCHOOL DISTRICT #1		GROUP NUMBER 76-520025	Effective date: (office use only)
Position: _____		Location: _____	
Social Security Number: _____			
Name: Last _____		First _____	M.I. _____
Address: _____			
Date of Birth / /	Gender ☐ M ☐ F	Personal Email: _____	Cell Number: _____
Will you or any dependent maintain other MEDICAL coverage in addition to UMR? ☐ Yes, single ☐ Yes, family ☐ No			
Member name _____		Employer Name _____	
Carrier Name _____		Plan Number _____	
Will you or any dependent maintain other DENTAL coverage in addition to UMR? ☐ Yes, single ☐ Yes, family ☐ No			
Person's name _____		Employer Name _____	
Carrier Name _____		Plan Number _____	
Medical Plan: ☐ \$1,000 PPO Plan ☐ \$1,700 Qualified HDHP ☐ \$2,500 Qualified HDHP ☐ Waive			
Coverage level: ☐ Employee ☐ Employee + Spouse ☐ Employee + Child/Children ☐ Family			
Dental Plan: ☐ Elect ☐ Waive			
Coverage level: ☐ Employee ☐ Employee + Spouse ☐ Employee + Child/Children ☐ Family			
Vision Plan: ☐ Elect ☐ Waive			
Coverage level: ☐ Employee ☐ Employee + Spouse ☐ Employee + Child/Children ☐ Family			

COMPLETE THIS SECTION IF ELECTING DEPENDENT COVERAGE

LAST	FIRST	MI	SS#	BIRTH DATE	GENDER	RELATIONSHIP
					☐ M ☐ F	
					☐ M ☐ F	
					☐ M ☐ F	
					☐ M ☐ F	
					☐ M ☐ F	
					☐ M ☐ F	

Effective date of change: _____

☐ Add or change coverage due to life or family status change

☐ Add dependent(s)

☐ Date of Marriage _____

☐ Date of Divorce _____

☐ Voluntarily terminate/waive coverage(s): Plan type(s) _____

☐ Remove dependent(s): Name(s) _____ Reason: _____

☐ Eligible for Medicaid/CHIP subsidy

☐ Loss of eligibility for Medicaid/CHIP subsidy

☐ State/Federal Continuation

☐ Employee name and/or address change

☐ Other _____

Employee Signature Required _____

WAIVING COVERAGE

Important: If you decline benefits for yourself or your dependents, you may in the future be able to enroll yourself or your dependents in this benefit plan. You may have an opportunity to enroll during the annual enrollment period or if your family status changes. If you decline benefits because of other group health or insurance coverage, and state so in writing, you may have the opportunity to enroll under HIPAA Special Enrollment due to loss of said coverage. By checking the box below, you are attesting that you are declining enrollment in this plan due to other group health coverage enrollment.

☐ I attest that I am declining group health coverage because I am currently enrolled in other health insurance coverage. For specific plan language, please review the applicable plan document available on the UMR member portal.

CERTIFICATION: I freely and voluntarily waive all coverage noted above.

SIGNATURE

DATE

I hereby certify the above information is true and correct. I understand coverage will not be effective until all questions regarding eligibility for coverage have been satisfactorily resolved.

I understand I may not change coverage elections until the next annual open enrollment period or unless otherwise permitted by the applicable SCSD1 Plan Document.

I understand it is my responsibility to ensure this form and all required paperwork is submitted to SCSD1 Human Resources by the required deadline and to notify SCSD1 of contact information updates.

☐ I hereby apply for coverage and agree to pay the approved employee premium contribution amount through payroll deductions or, if necessary, manual payment for each deduction.

EMPLOYEE SIGNATURE

DATE

Please maintain a copy of this form for your personal records.

For coverage inquiries, please refer to the SCSD1 UMR Plan Document available on the Member Portal at www.umar.com

Pre-Tax Health-Care Savings Options



SWEETWATER COUNTY
SCHOOL DISTRICT #1

Health Care Flexible Spending Account (FSA)

- If enrolled in the \$1,000 PPO Deductible Plan
- Funds must be used during the plan year (September 1-August 31) and do not carry over from year to year.
- Access via UMR portal

Health Savings Account (HSA)

- If enrolled in the \$1,700/\$3,400 or \$2,500/\$5,000 High Deductible Health Plan (HDHP)
- Funds roll over year to year
- Access via Optum Bank account
- District funded contribution and matching

You may also enroll in a Dependent Care Flexible Spending Account for eligible dependent care expenses, such as daycare or preschool.

Health Care Flexible Spending Account

Flex Spending Account (FSA) is a medical and/or dependent care savings accounts allowing employees to set aside money on a pre-tax basis for qualified medical and/or dependent care expenses.

Health care FSA contributions are only available with enrollment in the \$1,000 deductible PPO plan.

FSA contributions must be utilized for payment or reimbursement of eligible health care or dependent care expenses by November 15, 2026. Any remaining contributions will be forfeited.

The 2025 -2026 Health Care FSA contribution limit is \$3,200 per employee.

<https://www.healthcare.gov/have-job-based-coverage/flexible-spending-accounts/>

Flexible Spending Account

A healthcare FSA lets you use tax-free money to pay for eligible medical expenses.¹ FSAs help members realize significant savings on healthcare costs. Don't think of it as money deducted from your paycheck – think of it as money added to your wallet.

- ✓ Access annual contribution amount on day one
- ✓ Fast, hassle-free payments and reimbursement
- ✓ Pay for your spouse and dependents too

Annual tax saving potential²

\$610

IRS Contribution Limit³

\$3,050

Common eligible medical expenses:

- Pain relievers
- Doctor visits
- Dental cleaning
- Sleep aids
- Eyeglasses/contacts
- Cold/cough medicine
- Chiropractic care
- Insulin testing supplies



Pre-Tax Dependent Care Savings Option

Dependent Care FSAs are available for all permanent full-time and part-time employees of SCSD1.

FSA contributions must be utilized for payment or reimbursement of eligible health care or dependent care expenses by November 15, 2026. Any remaining contributions will be forfeited.

The 2025-2026 Dependent Care FSA contribution limit is \$5,000 per employee.

<https://healthequity.com/learn/dcfsa>

Dependent Care Flexible Spending Account

A DCFSA lets you use tax-free money to pay for eligible dependent care expenses.¹ A qualifying 'dependent' may be a child under age 13, a disabled spouse, or an older parent in eldercare.

- ✓ Pre-tax payroll contributions
- ✓ Fast, hassle-free payments and reimbursement
- ✓ Enjoy a full year to spend your account funds

Annual tax saving potential²

\$1,000

IRS Contribution Limit³

\$5,000

Common eligible dependent care expenses:

- Daycare
- Nursery school
- Babysitter
- Preschool
- Summer day camp
- Before/after school programs
- Elder daycare



Health Care and/or Dependent Care Flexible Spending Account Enrollment

Enrollment deadline for all FSA plans: Open Enrollment August 2025



SWEETWATER COUNTY
SCHOOL DISTRICT #1



Consumer Driven Account Enrollment Form

Applicant information		
Company name _____	Group number _____	Location _____
Social Security number _____		
First name _____	MI _____	Last name _____
Street address _____		
City _____	State _____	ZIP code _____
Gender _____	Marital status _____	Date of birth MM / DD / YYYY
Email _____	Phone number _____	
Date of hire MM / DD / YYYY	Plan effective date MM / DD / YYYY	
Payroll schedule	Monthly	Semi-monthly Bi-weekly Weekly
Health care		
Contribution per pay period	Number of pay periods remaining in plan year	Annual election amount
\$ _____	X _____	= _____ Cannot exceed IRS maximum
Dependent care		
Contribution per pay period	Number of pay periods remaining in plan year	Annual election amount
\$ _____	X _____	= _____ Cannot exceed \$5,000 per household

Health care and dependent care FSA pre-tax contributions are a voluntary benefit, and an employee signature is required to enroll in benefits.

This is an **annual enrollment** opportunity and changes to health care and/or dependent care FSA contributions are not available during the plan year (09.01.25 – 08.31.26) without a qualifying life event.

To elect any type of FSA contribution, complete the top box and Health Care and/or Dependent Care boxes.

The 2025 -2026 Health Care FSA contribution limit is \$3,200 per employee.

The 2025 -2026 Dependent Care FSA contribution limit is \$5,000 per employee.

Certified teachers have the annual election deducted over either 19 pay periods if electing to have your contract paid out over 10 months or 23 pay periods if electing to have your contract paid out over 12 months.

Health Savings Account Enrollment

A **Health Savings Account (HSA)** is a medical savings account allowing employees to set aside money on a pre-tax basis for qualified medical expenses.

To help offset the additional risk of enrolling in a high-deductible health plan, SCSD1 offers to contribute a portion of the increased deductible amount to the employee's HSA account set up with Optum Bank.

HSA contributions are only available for enrollment in either the \$1,700/\$3,400 or \$2,500/\$5,000 HDHP.

Annual contribution limits set by the IRS are based on the calendar or income tax year and must include all contributions from SCSD1.

For more information visit:

<https://www.optumbank.com>

<https://www.irs.gov/publications/p969>

<https://www.healthcare.gov/glossary/health-savings-account-hsa/>



SWEETWATER COUNTY
SCHOOL DISTRICT #1



2025-2026 HSA Incentive Contributions

\$1,700/\$3,400 HDHP	Front Load	Match Limit
	Initial contribution by SCSD1 in Sept 2023 or in the same month the new HSA account is opened.	Total amount SCSD1 will match up to employee HSA payroll deduction contributions per plan year.
Employee Only	\$350	up to \$375
Employee + Spouse	\$350	up to \$375
Employee + Child(ren)	\$700	up to \$750
Employee + Family	\$700	up to \$750

\$2,500/\$5,000 HDHP	Front Load	Match Limit
	Initial contribution by SCSD1 in Sept 2023 or in the same month the new HSA account is opened.	Total amount SCSD1 will match up to employee HSA payroll deduction contributions per plan year.
Employee Only	\$555	up to \$590
Employee + Spouse	\$555	up to \$590
Employee + Child(ren)	\$1,110	up to \$1,180
Employee + Family	\$1,110	up to \$1,180

Eligible employees must be enrolled in either the \$1,700 / \$3,400 or the \$2,500 / \$5,000 High Deductible Health Plan, submit an initial HSA Payroll Election Form & have an open and active online OptumBank HSA account using the website below.

<https://enrollhsa.optumbank.com/enrollment#/?group=76520025>

2025 calendar year overall maximum contribution amounts:

Single: \$4,300

Family: \$8,550

Additional \$1,000 contribution for Single & Family allowed if enrolled employee is age 55 or older.

2026 calendar year overall maximum contribution amounts:

Single: \$4,400

Family: \$8,750

Additional \$1,000 contribution for Single & Family allowed if enrolled employee is age 55 or older.

For more information about qualified medical expenses, reimbursement requirements and account details visit www.optumbank.com or www.irs.gov.

Health Savings Account Enrollment



SWEETWATER COUNTY
SCHOOL DISTRICT #1



HEALTH SAVINGS ACCOUNT PAYROLL ELECTION FORM

Name	Last 4 #s of SSN
Address	City, State, Zip
Phone	Position/Location

ORIGINAL AGREEMENT

Initial election to be contributed to your **Health Savings Account** per payroll.

Contribution of \$_____ per payroll beginning _____, 20__.

The IRS has established annual, tax year limits for Health Savings Account contributions.

NOTE: Since your contribution limits are specific to your circumstances, please contact your Tax Advisor to verify your contribution limits.

AMENDMENT

Increase from \$_____ to \$_____ beginning with the _____, 20__ payroll.

Decrease from \$_____ to \$_____ beginning with the _____, 20__ payroll.

The IRS has established annual, tax year limits for Health Savings Account contributions.

NOTE: Since your contribution limits are specific to your circumstances, please contact your Tax Advisor to verify your contribution limits.

I authorize the reduction of my salary on per paycheck basis, by the amount designated above.

I understand that funds that are deducted from my pay and not used for eligible health care expenses incurred after my HSA account was established will be **taxable** in accordance with IRS regulations, and it is solely my responsibility to report these funds to the IRS.

Signature

Date

To initiate HSA enrollment, please complete the Original Agreement portion of the Payroll Election Form and submit it to the Human Resources office.

Once received, the HR Insurance Specialist, will send an email with a direct link to open your HSA account with OptumBank.

Once the HSA account has been opened, HR & Payroll will receive notice from OptumBank and will initiate the front load, match and payroll contributions.

Please note: Payroll, match, and front load contributions cannot begin until your HSA account has been opened and verified by OptumBank.

Employee Assistance Program - UMR



- Beginning January 1, 2025, Sweetwater County School District #1 is partnering with Optum Emotional Wellbeing Solutions. It's a modern, flexible employee assistance program (EAP) that offers support for everyday life.
- Call anytime to speak with an Emotional Wellbeing Specialist who'll listen to your needs and connect you with resources that can help. It's available to all members of your household, including children living away from home.
- Optum Emotional Wellbeing Solutions is available 24/7, confidential, and at no cost to you.
- To learn more, visit liveandworkwell.com or call **866-248-4094**. Register with your HealthSafe ID or enter your company access code: **Sweetwater**
- Emotional Wellbeing Specialists are available by phone to provide help with a range of life concerns and stressors, including:
 - Relationship problems
 - Workplace conflicts and changes
 - Parenting and family issues
 - Eldercare support
 - Stress, anxiety and depression
 - Legal and financial concerns
- This includes referrals, seeing network providers, access to liveandworkwell.com, and initial consultations with mediators or financial and legal experts.
- You can also access 8 counseling visits either in person or virtually with a provider in our large network — at no cost. All conversations are confidential, and we never share your personal records with your employer or anyone else without your permission.
- [Click here Opens in a new browser tab](#) to learn more about the Employee Assistance Program.

Sweetwater County School District #1 is committed to the health and well-being of its employees and their family members and encourages the utilization of this important benefit. Please contact Randi Johnson at johnsonra@sw1.k12.wy.us or 307-352-3400 ext. 1222 with any questions.