LAKE ELSINORE UNIFIED SCHOOL DISTRICT- PSS SAFETY/RISK
545 Chaney Street, Lake Elsinore, CA 92530
☎ (951) 253-7138 FAX (951)253-7125

CLASSIFIED ELECTION FORM

This form is in addition to the enrollment forms/required documents.

Name (Print name clearly): _____

Employee #: _____

Hrs/Mths. Contracted: _____

REASON FOR ELECTION: ☐ NEW ENROLLMENT ☐ STATUS CHANGE (PROOF REQUIRED)

SINGLE_____ 2 PARTY_____ FAMILY (3 or More) ___

(BUNDLE PACKAGE-MEDICAL/DENTAL/VISION)

MEDICAL PLANS: (Check One)

_____ Anthem PPO Option 1 80% (40656E)	$500/$1000 DED.
_____ Anthem PPO Option 2 90% (40656C)	$500/$1000 DED.
_____ Anthem PPO Option 3 100% (40656B)	$200/$400 DED.
_____ Anthem PPO Option 4 80% (40976B)	$2000/$4000 DED.
_____ Anthem PPO Proactive Platinum (M613)	$0 DEDUCTIBLE
_____ Anthem HMO (57AGTA)	$0 DEDUCTIBLE
_____ Anthem HMO Priority Select (Limited Provider Network) (57AGTJ)	$0 DEDUCTIBLE
_____ Kaiser (Kaiser Enrollment Form must be attached) (0057ALN)	$0 DEDUCTIBLE
_____ Two-Tier Plan PPO (70686B)	$5000/$10,000 DED.

DENTAL: (Check One)

_____ Delta Incentive PPO (7475)	$1000/No Ortho
_____ Delta Preferred PPO (7675)	$2000/$3000 Ortho
_____ SISC Dental Health Network(4D003A-75176BA)	$4000/$2000 Ortho-Limited provider network

VISION:

_____ VSP (2532-75176ALN) Signature $20/2nd Pair Glasses-Contacts
_____ XP Health Vision Online Marketplace (75176AALN) - $10

ALL EMPLOYEES: Complete a MetLife Enrollment form: $50,000 per employee/$1500 dependents.
I understand that this document must be received in the benefits office with the proper enrollment forms and dependent documentation **(Spouse: marriage certificate & current IRS 1040 Page 1(filing jointly)-Domestic Partnership State Certificate-Dependents under age 26: birth certificate) within 30 days of hire date** to complete the enrollment process (retroactive deductions may be necessary).

_____ _____
SIGNATURE **DATE**

Return election form/eligibility documents to cara.quinn@leusd.k12.ca.us to complete enrollment.

FOR BENEFITS DEPARTMENT USE ONLY

SCHOOL YEAR_____VERIFIED _____EFFECTIVE DATE _____
PRE-TAX _____BILL CONF. _____GALAXY INPUT _____