

# BENEFIT ELECTION FORM

NAME \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

EMPLOYEE NUMBER \_\_\_\_\_

EMAIL \_\_\_\_\_

**This completed form must be returned to Finance during the first 30 days of employment. ALSO, ATTACH YOUR HEALTH INSURANCE, DENTAL, AND/OR VISION ENROLLMENT APPLICATION.** In addition, if you are enrolling for the first time or adding a spouse and/or dependents, documentation is required. Please attach copies of birth certificates, adoption papers, or court-ordered custody papers to cover dependent children and a marriage certificate to cover your spouse.

## Health Insurance with Optima Health

\_\_\_\_\_ I choose to participate in the 2022 Pre-Tax Payment Health Plan. This Plan allows me to reduce my salary by the amount of my  
Option 1 share of the health insurance premium, thereby reducing the amount of Federal, State, and Social Security (FICA) taxes I pay.

\_\_\_\_\_ I choose to pay my health insurance premiums on an after-tax basis during the 2022 Plan Year. I understand that  
Option 2 this is my only opportunity to participate in the Pre-Tax Payment Plan until the next open enrollment.

\_\_\_\_\_ I choose to **DECLINE**, and not have health insurance at this time. Once the initial waiting period for coverage is over, I realize  
Option 3 that my only opportunity to have coverage will be during the open enrollment period unless I join within 30 days of a qualifying life event or change in my family status as defined below within 30 days or within 30 days after my current health coverage ends which requires that a Loss of Coverage statement be submitted with the Optima Health application.

**I also understand that this choice affects my health insurance benefit at the time I retire** since the City's current contribution is based on the number of continuous years, immediately preceding the date I retire.

## Dental Insurance with Delta Dental

Select dental plan and level of coverage for **one** of the dental plans you wish to enroll in or elect to decline enrollment in dental coverage.

\_\_\_\_\_ I choose to enroll in the Dental Plan as elected below; and I understand that the premium(s) will be deducted  
Option 1 from my salary on a pre-tax basis, thereby reducing the amount of Federal, State, and Social Security (FICA) taxes I pay.

- |  |  |                                    |                                 |
|--|--|------------------------------------|---------------------------------|
| <input type="checkbox"/> DELTA DENTAL EPO              | <input type="checkbox"/> Employee Only | <input type="checkbox"/> Emp+Minor | <input type="checkbox"/> Family |
| <input type="checkbox"/> DELTA DENTAL PPO PLUS PREMIER | <input type="checkbox"/> Employee Only | <input type="checkbox"/> Emp+Minor | <input type="checkbox"/> Family |

\_\_\_\_\_ I choose to **DECLINE**, and not have dental insurance at this time. Once the initial waiting period for coverage is over, I realize  
Option 2 that my only opportunity to have coverage will be during the open enrollment period unless I join within 30 days of a qualifying life event or change in my family status as defined below within 30 days or within 30 days after my current dental coverage ends which requires that a Loss of Coverage statement be submitted with the Delta Dental application.

## The Standard Accident Insurance

Select the plan level of coverage you wish to enroll in or elect to decline enrollment in coverage.

\_\_\_\_\_ I choose to enroll in Accident insurance as elected below; and I understand that the premium(s) will be deducted  
Option 1 from my salary on a post-tax basis after the amount of Federal, State, and Social Security (FICA) taxes I pay.

- |   |  |   |                                     |                                 |
|---|--|---|-------------------------------------|---------------------------------|
| <input type="checkbox"/> ACCIDENT INSURANCE | <input type="checkbox"/> Employee Only | <input type="checkbox"/> Emp+Child(ren) | <input type="checkbox"/> Emp+Spouse | <input type="checkbox"/> Family |
|---|--|---|-------------------------------------|---------------------------------|

\_\_\_\_\_ I choose to **DECLINE**, and not have Accident insurance at this time. Once the initial waiting period for coverage is over, I realize  
Option 2 that my only opportunity to have coverage will be during the open enrollment period unless I join within 30 days of a qualifying life event or change in my family status as defined below within 30 days or within 30 days after my current vision coverage ends which requires that a Loss of Coverage statement be submitted with the Anthem application.

\*Eligible dependent children are covered automatically to age 26

## The Standard Critical Illness Insurance

Select the plan level of coverage you wish to enroll in or elect to decline enrollment coverage.

\_\_\_\_\_ I choose to enroll in critical illness insurance as elected below; and I understand that the premium(s) will be deducted  
Option 1 from my salary on a post-tax basis, after the amount of Federal, State, and Social Security (FICA) taxes I pay.

**CRITICAL ILLNESS**       Employee Only       Emp+Spouse

\_\_\_\_\_ I choose to **DECLINE**, and not have critical illness insurance at this time. Once the initial waiting period for coverage is over, I realize  
Option 2 that my only opportunity to have coverage will be during the open enrollment period unless I join within 30 days of a qualifying life event or change in my family status as defined below within 30 days or within 30 days after my current vision coverage ends which requires that a Loss of Coverage statement be submitted with the Anthem application.

\*Eligible dependent children are covered automatically to age 26

---

## Trustmark Universal Life Insurance

\*Eligible dependent children are covered automatically to age 23

Select the plan level of coverage you wish to enroll in or elect to decline enrollment in coverage.

\_\_\_\_\_ I choose to enroll in universal life as elected below; and I understand that the premium(s) will be deducted  
Option 1 from my salary on a post-tax basis, after the amount of Federal, State, and Social Security (FICA) taxes I pay.

**UNIVERSAL LIFE**       Employee Only       Emp+Child(ren)       Emp+Spouse       Family

\_\_\_\_\_ I choose to **DECLINE**, and not have universal life insurance at this time. Once the initial waiting period for coverage is over, I realize  
Option 2 that my only opportunity to have coverage will be during the open enrollment period unless I join within 30 days of a qualifying life event or change in my family status as defined below within 30 days or within 30 days after my current vision coverage ends which requires that a Loss of Coverage statement be submitted with the Anthem application.

I also understand that:

- I cannot withdraw from this Plan until the end of the 2022 Plan Year;
- All benefit options enrolled in are Pre-Tax Payment Plans unless I elect after-tax for health insurance.
- The only way the level of coverage (Employee, Employee Minor, or Family) may be changed during the Plan Year is if I have a change in family status, which the IRS defines as: marriage, divorce, legal separation, birth/adoption/legal custody of a dependent child, death of a spouse or dependent child, loss of a dependent child's status, termination or commencement of a spouse's employment which affects coverage, change from part-time to full-time status (or vice versa) by the employee or the employee's spouse which affects coverage, or unpaid leave of absence taken by the employee or employee's spouse which affects coverage, **PROVIDED I NOTIFY THE DEPARTMENT OF FINANCE OF MY CHANGE IN FAMILY STATUS WITHIN 31 DAYS OF THE CHANGE;**
- The City of Hampton may increase or decrease the salary reduction amount during the Plan year in an amount sufficient to cover any changes in the cost of health insurance should that occur during the Plan Year
- Calculations for Group Retirement, Group Life Insurance, and pay increases will be based on the gross salary rather than the reduced salary;
- Completion of this form will continue my enrollment in future plan years unless I fill out a new form not to participate (which can only be done at the end of each plan year for the next plan year); during open enrollment.
- Calculations for the City of Hampton Deferred Compensation Plan and Social Security (FICA) will be on the reduced salary rather than the gross salary (therefore my future Social Security benefits may be affected by this choice since I will be paying less Social Security tax).

Documentation is required to enroll family members. Attach copies of birth certificates, adoption papers, or court-ordered custody papers to cover dependent children and a marriage certificate to cover your spouse.

A **Qualifying Life Event** consists of loss of other coverage, a change in employment/family status, which the IRS defines as: marriage, divorce, birth/adoption/legal custody of a dependent child, death of a spouse or dependent child, loss of a dependent child's status, termination or commencement of a spouse's employment (which affects coverage), change from part-time to full-time status (or vice versa) by the employee or the employee's spouse or unpaid leave of absence taken by the employee or the employee's spouse, **PROVIDED I NOTIFY THE DEPARTMENT OF FINANCE OF MY QUALIFYING LIFE EVENT WITHIN 30 DAYS OF THE CHANGE;**

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date