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| **EMPLOYEE INFORMATION** |
| Last Name: | First Name: | Middle Initial: |
| Street Address: | City: | State | Zip |
| Cell Phone( ) | Home Phone( ) | Email Address: |
| Social Security Number: | Birth Date: | Date: |
| **HEALTH INSURANCE** |
| **PRIORITY HEALTH HMO HRA 80-1**Hospital CoverageOffice Visit Co-PayMedical Deductible *- (JDX pays 100%)*Rx Co-PayContraceptivesRx DeductibleOOP Individual / FamilyEmergency Room Co-PayAmbulance Co-PayDomestic Partner | 80% Coinsurance$20 / $35 / $75$1,000 / $2,000$15 / $50 / $8020% / 20%Non-ExemptN/A$1,500 / $3,000$150$150No | Option | Monthly | Weekly | Deduction |
|  Single | $275.08 | $63.48 | $ |
|  Double | $605.17 | $139.65 | $ |
|  Family | $756.46 | $174.57 | $ |
| No Coverage | Complete Waiver |
| New Coverage | Complete Enrollment Form |
| **DENTAL INSURANCE** |
| **HUMANA DENTAL** PlanPeriodontal / EndodonticDeductableAnnual MaxOptional Benefits | MI Trad Pref X 100/50/50 In 100/50/50 outBasic$50 / $50$1,500$1,000 Child Ortho, Ded Waived on Preventive | Option | Monthly | Weekly | Deduction |
|  Single | $ 28.27 | $ 6.52 | $ |
|  Double | $ 63.61 | $ 14.68 | $ |
|  Emp & Children | $ 61.51 | $ 14.19 | $ |
|  Family | $ 98.86 | $ 22.81 | $ |
| New Coverage | Complete Enrollment Form |
| **LIFE INSURANCE** |
| **HARTFORD *(Paid by JDX 100%)*** | New or Continued Coverage | Completed Beneficiary Form |
| **AUTHORIZATION** |
|  | I do not wish to participate in either the Health Insurance or the Dental Insurance offered through Jack Dykstra Excavating during this time of Open Enrollment. I understand that I will not be eligible for coverage until Jack Dykstra Excavating has its next Open Enrollment period, unless I qualify for coverage due to a HIPAA qualifying event (such as marriage, birth of a child, adoption, or loss of other coverage) |
|  | I authorize Jack Dykstra Excavating to deduct from my paycheck as pre-tax amounts the employee premiums indicated above relative to Health Insurance and Dental Insurance I have selected.  |
| Employee Signature | Date |