



TOWN OF ROLESVILLE
BENEFIT ELECTION
FY2018-19

EMPLOYEE INFORMATION			
Employee Name			
Last	First	Middle Initial	SSN
Address			
Address		City	State ZIP
Emergency Contact			
Name	Relation	Emerg Phone	

Since dependent premium deductions are based on 24 payments per year, there will be NO payroll deductions for dependent premiums when there is a 3rd PAYDAY in the month.

INSURANCE SELECTION				
HEALTH INSURANCE				
<input type="checkbox"/> Employee Only \$ -covered-	<input type="checkbox"/> Employee +Spouse \$524.83 /mo \$262.42 /ppd	<input type="checkbox"/> Employee +Children \$446.11 /mo \$223.06 /ppd	<input type="checkbox"/> Family \$1102.14 /mo \$551.07 /ppd	<input type="checkbox"/> Decline
VISION INSURANCE				
<input type="checkbox"/> Employee Only \$ -covered-	<input type="checkbox"/> Employee +Spouse \$4.80 /mo \$2.40 /ppd	<input type="checkbox"/> Employee +Children \$5.07 /mo \$2.54 /ppd	<input type="checkbox"/> Family \$13.06 /mo \$6.53 /ppd	<input type="checkbox"/> Decline
DENTAL INSURANCE				
<input type="checkbox"/> Employee Only \$ -covered-	<input type="checkbox"/> Employee +Spouse \$29.00 /mo \$14.50 /ppd	<input type="checkbox"/> Employee +Children \$53.00 /mo \$26.50 /ppd	<input type="checkbox"/> Family \$64.00 /mo \$32.00 /ppd	<input type="checkbox"/> Decline
FLEXIBLE SPENDING ACCOUNT				
<input type="checkbox"/> Medical	Total amount for July 1, 2018 – June 30, 2019: \$ _____		Per ppd	
<input type="checkbox"/> Dependent Care	Total amount for July 1, 2018 – June 30, 2019: \$ _____		Per ppd	

DEPENDENT INFORMATION			
(if coverage is chosen above)			
First and Last Name	Relation to Insured	DOB	SSN

Employee Signature

Date