

Gilbert Community School District

Health/Dental/TSA Election Form

2011-12

Certified Staff
Full-time



Benefit Dollars Available	Monthly	Annually
as calculated on minimum 27.5 hours/week	448.58	5,382.96

These dollars are offered to cover the cost of single health (\$412.96) and single dental (\$35.62) insurance. You may use this amount for health, dental or a TSA* (tax sheltered annuity).

*If TSA is chosen, proof of **group health coverage** MUST be shown.

1. Wellmark BCBS Plans Effective 7/1/11 - 6/30/12

Circle your choice.

Coverage	Health Savings Account	Full Time Employee Monthly Cost	
		Blue Choice 1000	Alliance Select 1000
	High Deductible 3000	Blue Choice 1000	Alliance Select 1000
	Alliance Select	<i>Base Plan</i>	
Single	\$359.39 + \$53.57 into H.S.A.	\$412.96	\$446.59 - \$412.96 = \$33.63
Employee & Spouse	\$376.64	\$432.78	\$501.66
Employee & Children	\$320.94	\$368.77	\$432.43
Family	\$539.09	\$619.44	\$703.52



****High Deductible 3000 deposits \$53.57 per month into employee's H.S.A. Account****

If HDHP is Chosen, Enter Amount _____ H.S.A. Employee Deduction

2. Principal Dental Plan Effective 7/1/11 - 6/30/12

Circle your choice.

Single	\$35.62
Family	\$63.39



3. Please circle 1 of the following if you **do not want coverage**

I don't want health or dental

I don't want health

I don't want dental

List current provider(s) & attached proof of coverage _____

4. Tax Sheltered Annuity - **403(b)**

(in lieu of health and/or dental insurance)

_____ Company _____ Amount

I wish to enroll for the benefits as indicated above. I understand my insurance selection cannot be changed (except for a qualified family status change) until the next annual enrollment period (May 2012). I understand if medical coverage is waived, I will not be eligible to enroll until the next annual enrollment. I authorize Gilbert CSD to take salary deductions to cover the cost of the options chosen above.

_____ Signature	_____ Date
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