

# Gilbert Community School District

## Health/Dental/TSA Election Form

2011-12

Support Staff  
Full-time



Benefit Dollars Available	Monthly	Annually
as calculated on minimum 35 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	Base Plan	
	Alliance Select		
<b>Single</b>	<b>\$359.39 + \$53.57 into H.S.A.</b>	<b>\$412.96</b>	<b>\$446.59 - \$412.96 = \$33.63</b>
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.*

<b>Single</b>	<b>\$35.62</b>
<b>Family</b>	\$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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