

Gilbert Community School District

Health/Dental/TSA Election Form

2011-12

Certified Staff
Part-time



Benefit Dollars Available	Monthly	Annually
working between 20 and 27.49 hours/week	224.29	2,691.48

These dollars are offered to cover **half** the cost of single health (\$206.48) and single dental (\$17.81) 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	
	High Deductible 3000	Blue Choice 1000	Alliance Select 1000
	Alliance Select	Base Plan	
Single	$\\$359.39 - \\$206.48 = \\$152.91$	$\\$206.48$	$\\$446.59 - \\$206.48 = \\$240.11$
Employee & Spouse	\$529.55	\$639.26	\$708.14
Employee & Children	\$473.85	\$575.25	\$638.91
Family	\$692.00	\$825.92	\$910.00



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

2. Principal Dental Plan Effective 7/1/10 - 6/30/11

Circle your choice.

Single	$\\$17.81$
Family	$\\$81.20$



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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