Employee Name *(please print)* _____

A) **CIRCLE COVERAGE TYPE** *(single, family, etc.)* **and the DEDUCTION (cost) for each benefit.**

B) ***ALL PAYROLL DEDUCTIONS ARE SEMI-MTHLY(24 checks/year)***

If not electing coverage, please put a **" W "** *in the "Cost Per Check" box*

CURRENT PLAN YEAR DEDUCTIONS

Medical AUE	22.51	229.03	192.56	330.26
Medical AV-9	92.08	370.59	311.58	534.38
Dental I (Low Plan)	2.99	14.97	21.30	30.12
Dental II (High Plan)	10.11	27.50	38.91	54.40
Vision	2.64	5.53	6.51	9.59
AccidentSelect I	6.67	9.62	9.95	12.90
AccidentSelect II	11.25	16.82	17.55	23.12
CancerSelect	11.85	21.86	13.82	21.86

PRE-TAX DEDUCTIONS

	SINGLE	EMP+SPO	EMP+CHILD	FAMILY	COST PER CHECK
1) **Plan 1: AUF (United HealthCare)**	23.66	236.98	207.56	349.94	
HSA Contribution Single Max/Year $4,150 **Max per check $172.91** Family Max/Year $8,300 **Max per pay check $345.83**					
HSA 55+ Contribuion Single Max/Year $5,150 **Max per check $214.58** Family Max/Year $9,300 **Max per pay check $387.50**					
2) **Plan 2: AV-8 (United HealthCare)**	96.76	383.45	335.84	566.21	
$3,000 GAP PLAN All Ages	**Included**	43.50	30.72	82.50	
3) **Dental Plan I - Low (Principal Financial)**	2.99	14.97	21.30	30.12	
Dental Plan II - High (Principal Financial)	10.11	27.50	38.91	54.40	
4) **Vision - V1010 (United HealthCare)**	2.64	5.53	6.51	9.59	
5) **AccidentSelect - Select I**	6.67	9.62	9.95	12.90	
AccidentSelect - Select II	11.25	16.82	17.55	23.12	
6) **CancerSelect® Plus - Plan 1**	11.85	21.86	13.82	21.86	

TOTAL PRE-TAX DEDUCTIONS   You can not make any changes until a new plan year, unless there is a signficant event. **$**

7) **Life Insurance**

Employee Life Amount	$_____	☐ Life & AD&D	Employee Cost per Check	
Spouse Life Amount	$_____	☐ Life & AD&D	Spouse Cost per Check	
Child(ren) Life Amount	$_____		Child(ren) Cost per Check	

TOTAL AFTER-TAX DEDUCTIONS   You can not make any changes until a new plan year, unless there is a signficant event. **$**

8) I authorize my employer to deduct $_____ on a SEMI-MTHLY(24 checks/year) basis from my income.

9) Signature _____   Date_____   Effective Date _____

*Life Insurance deductions are after-tax deductions and should be elected on the Principal Enrollment sheet

For office use only: _____sent to broker   _____update spreadshseet