

TOWN OF GLASTONBURY

2012-2013 Plan Year Flexible Benefits Election Form

Circle the appropriate BI-WEEKLY plan choices, indicated in the column corresponding to your date of hire; sign and date this form.

Benchmark plans indicated with "****" below

AFSCME	Annual Premiums	Date of Hire before 11/29/05 Bi-Weekly Employee Contributions	Date of Hire after 11/29/05 Bi-Weekly Employee Contributions
Medical Plan Options			
ConnectiCare HMO			
Employee (Single) **	7,174.56	42.08	42.08
Employee + 1 (Double) **	15,640.80	91.74	91.74
Employee + 2 or more (Family) **	19,371.60	113.62	113.62
Anthem Century Preferred PPO			
Employee (Single)	7,962.24	46.70	72.38
Employee + 1 (Double)	17,357.76	101.81	157.78
Employee + 2 or more (Family)	21,498.12	126.09	195.41
Dental Plan Options			
Full Dental			
Employee (Single)	570.96	3.29	3.29
Employee + 1 (Double)	1,483.92	8.56	8.56
Employee + 2 or more (Family)	1,832.04	10.57	10.57
Flex Dental			
Employee (Single)	653.16	3.77	3.77
Employee + 1 (Double)	1,696.20	9.79	9.79
Employee + 2 or more (Family)	1,866.84	10.77	10.77

I am declining all medical or medical and dental plan options offered above at this time.

I understand that my contribution toward medical and/or dental premiums will be taken out on a pre-tax basis in accordance with Section 125, Section 105, and/or Section 129 of the Internal Revenue code. I understand I am bound by the terms of this agreement until my employment terminates, a qualifying change occurs, my benefits change at the beginning of a new plan year or my employer terminates, suspends, or modifies the plan.

Name _____ **Date of Hire:** _____

Signature _____ **Date** _____