

# TOWN OF GLASTONBURY

## 2011-2012 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

<b>AFSCME</b>	<b>Annual Premiums</b>	<b>Date of Hire before 11/29/05 Bi-Weekly Employee Contributions</b>	<b>Date of Hire after 11/29/05 Bi-Weekly Employee Contributions</b>
<b>Medical Plan Options</b>			
<b>ConnectiCare HMO</b>			
Employee (Single) **	7,123.32	41.78	41.78
Employee + 1 (Double)	15,528.96	91.08	122.47
Employee + Family (Family) **	19,233.12	112.81	117.54
<b>Anthem Century Preferred PPO</b>			
Employee (Single)	7,157.88	41.98	43.11
Employee + 1 (Double) **	14,566.08	85.44	85.44
Employee + Family (Family)	19,088.04	111.96	111.96
<b>Dental Plan Options</b>			
<b>Full Dental</b>			
Employee (Single)	643.68	3.78	3.78
Employee + 1 (Double)	1,672.92	9.81	9.81
Employee + Family (Family)	2,065.44	12.11	12.11
<b>Flex Dental</b>			
Employee (Single)	736.32	4.32	4.32
Employee + 1 (Double)	1,912.32	11.22	11.22
Employee + Family (Family)	2,104.68	12.34	12.34

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 \_\_\_\_\_