

**NEWTOWN PUBLIC SCHOOLS
INSURANCE ELECTION FORM
2019-2020**

SECRETARIES
H.S.A. - 16%
H.R.A. - 16%
DENTAL - 21.5%

Please return to Denise Hornyak in the Business Office by June 10, 2019

A. EMPLOYEE INFORMATION			
_____	_____	_____	
Last Name	First Name	Middle Initial	
_____	_____	_____	_____
Street Address	Town/City	State	Zip Code

IF YOU OR A SPOUSE IS ENROLLED IN A FLEX MEDICAL ACCOUNT AND/OR YOU HAVE MEDICARE, YOU ARE NOT ELIGIBLE TO ENROLL IN AN HSA PLEASE REFER TO ADDITIONAL INFORMATION ON THE WEBSITE REGARDING IRS REGULATIONS FOR AN HSA.

B. ANTHEM MEDICAL INSURANCE SELECTION			
Please choose plan:			
	H.S.A		H.R.A
Employee Only	<input type="checkbox"/> \$1,374.26	<input type="checkbox"/>	\$1,374.26
Employee Plus One	<input type="checkbox"/> \$2,953.46	<input type="checkbox"/>	\$2,953.46
Family	<input type="checkbox"/> \$3,704.33	<input type="checkbox"/>	\$3,704.33

HSA ENROLLEES HAVE THE OPTION OF MAKING PRE-TAXED CONTRIBUTIONS TO THEIR HSA ACCOUNT THROUGH PAYROLL DEDUCTIONS. TO MAKE CONTRIBUTIONS AN HSA PAYROLL DEDUCTION FORM IS REQUIRED.

C. ANTHEM MEDICAL COVERAGE CHANGES	
<input type="checkbox"/>	I am adding dependents
<input type="checkbox"/>	I am deleting dependents: _____, _____, _____
<input type="checkbox"/>	I am enrolling myself and/or dependents for the first time.

D. ANTHEM DENTAL SELECTION	
Please choose plan:	
Employee Only	<input type="checkbox"/> \$82.90
Employee Plus One	<input type="checkbox"/> \$195.05
Family	<input type="checkbox"/> \$235.17

E. DENTAL COVERAGE CHANGES	
<input type="checkbox"/>	I am adding dependents
<input type="checkbox"/>	I am deleting dependents: _____, _____, _____
<input type="checkbox"/>	I am enrolling myself and/or dependents for the first time.

F. MEDICAL/DENTAL INSURANCE WAIVER	
<input type="checkbox"/>	I decline medical coverage for myself and any eligible dependents.
<input type="checkbox"/>	I decline dental coverage for myself and any eligible dependents.
SIGNATURE REQUIRED IF DECLINING COVERAGE _____	

IF YOU NEED TO ADD A DEPENDENT OR ENROLL FOR THE FIRST TIME YOU MUST COMPLETE AN ANTHEM MEDICAL APPLICATION AND/OR TR PAUL DENTAL APPLICATION AND PROVIDE REQUIRED DOCUMENTS.