LEDYARD BOARD OF EDUCATION – OPEN ENROLLMENT FORM Secretaries – Plan #202

Here is your Open Enrollment form for 2016-17. Please check the boxes and/or fill in the amounts next to the benefit options you have selected. Once you have chosen you benefits, you can determine your total tax exempt deductions. HEALTH & DENTAL INSURANCE	EMPLOYEE: EMP NO: ADDRESS:			HIRED: DOB: PLAN YEAR: LOCATION:	7/1/16 to 6/30/17		
Century Preferred Plus Dental (20 Pays) (Check One Box)							
Century Preferred Plus Dental (20 Pays) (Check One Box)	HEALTH & DENTAL INSURANCE			REIMBURSEMENT ACCOUNTS			
Century Preferred Plus Dental (20 Pays)							
Century Preferred Plus Dental (20 Pays) Employee Only \$87.44 Two People \$186.70 Family \$249.34 Employee Only \$4.07 Two People \$9.56 Family \$11.68 Long Term Disability (Not Pre Tax) Check Box Employee Only. Employee share is 15% of premium. Calculated on base salary (Base Salaryx60% x.0068x.15/20) HEALTH INSURANCE WAIVER I choose not to participate and/or etect health coverage through Ledyard Public Schools, as I currently have health insurance available through an alternate provider. Reimbursement is only open to those contractually eligible. Insurance Company: I have read the summary plan description of the medical and flexible benefit plans and choose the benefits indicated on this form. 1 will stay with the benefit plans I have chosen until the next open enrollment or until I have a qualifying event which permits me to change my elections. I authorize my employer to adjust my paycheck to purchase the benefits indicated above.							
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