

# Troup County Board of Commissioners

## Cafeteria Plan Election & Enrollment Form

### Plan Year July 1, 2022 through June 30, 2023

Employee Name		<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Married <input type="checkbox"/> Single	Birthdate	Hire Date	
Address		Dept. No.	Social Security Number		Effective Date	
City	State	ZIP	<b>Occupation</b>		Annual Earnings	
Paymode X Bi-Weekly		Home Phone		Work Phone	Plan Year End	
X New Employee or Annual Enrollment	Change Due To: <input type="checkbox"/> Marriage <input type="checkbox"/> Name Change <input type="checkbox"/> Terminated		<input type="checkbox"/> Death <input type="checkbox"/> Birth <input type="checkbox"/> Other	<input type="checkbox"/> Adoption <input type="checkbox"/> Divorce	Actively at work? <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> COBRA <input type="checkbox"/> Retiree

Is your spouse employed?  Yes  No \_\_\_\_\_ If yes, company Name: \_\_\_\_\_

Does your spouse's employer offer medical insurance?  Yes  No \_\_\_\_\_

Are you enrolling stepchild (ren), do they live with you?  Yes  No \_\_\_\_\_

Name of spouse and/or eligible dependent child(ren) \* use reverse for additional children

NAME (Last, First, Middle)	Coverage			AGE	SEX M/F	BIRTH DATE	SOCIAL SECURITY #
	Med.	Dent.	Vis.				
Spouse:							
Child :							
Child :							
Child :							
Child :							

**I ELECT TO RECEIVE THE FOLLOWING (\*) BENEFITS ON A "PRE-TAX" BASIS:**

I and my employer hereby agree that my cash compensation will be reduced by the amounts set forth below for each pay period during the plan year (or during such portion of the plan year that remains after the date of this agreement). On this or the appropriate form(s), I have enrolled for the below benefits.

<b>* Health Benefit Plan</b> <i>A Tobacco Surcharge will be assessed if an insured or covered dependent has used tobacco or another nicotine product in the last 12 months.</i>	<input type="checkbox"/> Employee Only No Tobacco - <b>\$51.63</b> <input type="checkbox"/> Employee Only Tobacco - <b>\$97.78</b> <input type="checkbox"/> Employee & Children No Tobacco - <b>\$95.83</b> <input type="checkbox"/> Employee & Children Tobacco - <b>\$141.98</b> <input type="checkbox"/> Employee & Spouse No Tobacco - <b>\$166.58</b> <input type="checkbox"/> Employee & Spouse Tobacco - <b>\$212.73</b> <input type="checkbox"/> Family No Tobacco - <b>\$226.97</b> <input type="checkbox"/> Family Tobacco - <b>\$273.12</b> <input type="checkbox"/> I decline Health Coverage	\$
<b>* Dental Benefit Plan</b>	<input type="checkbox"/> Employee Only - <b>\$21.08</b> <input type="checkbox"/> Family - <b>\$48.52</b> <input type="checkbox"/> I decline Dental Coverage <b>All Dependent children covered to age 26</b>	\$
<b>* Vision</b>	<input type="checkbox"/> Employee Only - <b>\$3.29</b> <input type="checkbox"/> Employee & Family - <b>\$8.67</b> <input type="checkbox"/> I decline Vision Coverage <b>All Dependents covered to age 26</b>	\$

<b>Basic Group Life Insurance</b>	Amount of coverage is equal to one (1) time annual salary, rounded up to the next higher \$1,000, to a maximum of \$50,000. Minimum amount of \$15,000	\$ <b>No Cost</b>
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<b>Employee Group Supplemental Life</b> <i>Select up to \$50,000 in increments (or units) of \$10,000.</i>	Rates per \$10,000 unit (Bi-Weekly deduction)			
Rates based on employee's age as of enrollment date and change on July 1 <sup>st</sup> . Benefits include waiver of premium and an accelerated death benefit. Refer to your policy certificate for exact provisions.	<input type="checkbox"/> Under age 35 \$ .323 X _____ units <input type="checkbox"/> 35 thru 39 \$ .508 X _____ units <input type="checkbox"/> 40 thru 44 \$ .854 X _____ units <input type="checkbox"/> 45 thru 49 \$ 1.246 X _____ units <input type="checkbox"/> 50 thru 54 \$ 2.169 X _____ units <input type="checkbox"/> 55 thru 59 \$ 3.738 X _____ units <input type="checkbox"/> 60 thru 64 \$ 5.862 X _____ units <input type="checkbox"/> 65 thru 69 \$ 9.277 X _____ units <input type="checkbox"/> 70 thru 74 \$14.815 X _____ units <input type="checkbox"/> 75 & Over \$14.815 X _____ units	10K- \$.51 20K- \$1.02 30K- \$1.52 40K- \$2.03 50K- \$2.54 \$ _____		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><b>Beneficiary for Basic &amp; Supplemental Group Life</b></td> <td style="width: 50%;"><b>Relationship</b></td> </tr> </table>	<b>Beneficiary for Basic &amp; Supplemental Group Life</b>	<b>Relationship</b>		
<b>Beneficiary for Basic &amp; Supplemental Group Life</b>	<b>Relationship</b>			

**I ELECT TO RECEIVE THE FOLLOWING BENEFITS UNDER THE  
CAFETERIA PLAN ON A "POST-TAX" BASIS:**

<b>Dependent Spouse &amp; Child Group Life Insurance</b> <b>Unmarried children to age 21, or up to 25 if a full-time student.</b> Employee is automatically the beneficiary of dependent life coverage. (Bi-Weekly deduction)	<input type="checkbox"/> \$5,000 for \$ .47 or <input type="checkbox"/> \$10,000 for \$.93	\$
<b>Short Term Disability</b> – 60% Base Earnings to \$600/week (Bi-Weekly deduction)                      14 day waiting period <b>\$9.42</b>	Cost is based on age and weekly salary <input type="checkbox"/> I elect short-term disability coverage <input type="checkbox"/> I decline short-term disability coverage	\$
<b>Long Term Disability</b> – 60% Base Earnings to \$6,000/month (Bi-Weekly deduction)                      180 day waiting period <b>\$5.16</b>	Cost is based on age and weekly salary <input type="checkbox"/> I elect long-term disability coverage <input type="checkbox"/> I decline long-term disability coverage	\$
<b>Air Evac</b>	<input type="checkbox"/> <u>Enroll \$2.50</u> <input type="checkbox"/> <u>I decline Air Evac Coverage</u>	\$
<b>Hospital Indemnity- The Standard</b> Group Policy that pays \$200 daily benefit for hospitalization, 5x for initial admission, includes \$50 health maintenance screening benefit	<input type="checkbox"/> Employee \$7.68 <input type="checkbox"/> Family \$19.51 <input type="checkbox"/> Employee & Spouse \$13.13 <input type="checkbox"/> Employee & Child(ren) \$11.02	\$

**THE FOLLOWING BENEFITS ARE OFFERED IN JUNE DURING THE ANNUAL ENROLLMENT PERIOD**

<b>Critical Illness- The Standard</b>	Group Policy that pays a lump sum benefit for diagnosis of a covered serious illness, includes \$50 annual wellness
<b>Cancer Insurance- AFLAC</b>	Individual Policy owned by the employee
<b>Accident Insurance- AFLAC</b>	Individual Policy owned by the employee
<b>Whole Life Insurance- Unum</b>	Individual Life Insurance Policy owned by the employee
<b>Medical and Dependent Daycare Flexible Spending Accounts</b>	Set aside pre-tax dollars into an account to pay for qualified expenses.


I UNDERSTAND that if my required contributions for the selected benefits are increased or decreased while this agreement remains in effect, my compensation reduction will automatically be adjusted to reflect the change. Prior to the first day of each plan year, I will have the opportunity to change my benefit elections for the following plan year.

If I do not complete and submit a new election form prior to a new plan year, I will be treated as having elected to continue my benefit elections then in effect for the new plan year. In addition, I understand changes in the elected deduction and benefits can only be made in the event of a Section 125 qualifying event.

**Any person who knowingly and with intent to defraud, submits an application containing materially false, or misleading information, commits a fraudulent act, which is a crime.**

Date \_\_\_\_\_

Signature \_\_\_\_\_

Benefits and Administration by:   
 Houze & Associates, Inc.  
 706-882-2864  
 7/1/2022