

Name: _____

Last 4 of SSN: _____

Date of Birth: _____

☐ I elect to waive medical coverage for the 6/1/2020 - 5/31/2021 term.

☐ I elect the following medical coverage for the 6/1/2020 - 5/31/2021 term.

	<u>Blue Choice PPO Gold Plan – G650CHC</u>	<u>Premium</u>
<input type="checkbox"/>	Employee Only	\$45.00 per pay period
<input type="checkbox"/>	Employee/Spouse	\$100.00 per pay period
<input type="checkbox"/>	Employee/Child(ren)	\$75.00 per pay period
<input type="checkbox"/>	Family	\$150.00 per pay period

☐ I elect to waive vision coverage for the 6/1/2020 - 5/31/2021 term.

☐ I elect the following vision coverage for the 6/1/2020 - 5/31/2021 term.

	<u>VSP Signature Plan \$10/\$20</u>	<u>Premium</u>
<input type="checkbox"/>	Employee Only	\$2.00 per pay period
<input type="checkbox"/>	Employee/Spouse	\$4.00 per pay period
<input type="checkbox"/>	Employee/Child(ren)	\$4.00 per pay period
<input type="checkbox"/>	Family	\$6.00 per pay period

Neusoft Medical Systems pays 100% of the cost of \$50,000 Group Life Insurance/Accidental Death & Dismemberment, Short Term Disability & Long Term disability coverages.

I authorize the above amount to be payroll deducted each pay period. This election form will remain in effect and cannot be revoked or changed during the plan year, unless the revocation and new election are on account of, and consistent with, a change in family status (e.g. marriage, divorce, death of spouse or child, birth or adoption of child or termination of employment or spouse).

Signature: _____ Date: _____