

SUPERVISORY/SPECIALIST/CONFIDENTIAL PERSONNEL 2007-08

Hillsboro School District Flexible Benefits Allocation

Name _____ Social Security # _____

Effective _____, I wish to have the insurance coverage indicated below, with the allocation paid on my behalf, along with my personal funds if needed, through the Employee Insurance Premium Contribution portion of the District's Section 125 Plan.

REMINDER: If you are a current employee have previously waived coverage and are re-enrolling, changing plans or adding/deleting dependents, you will need to fill out an insurance change/application form indicating your request.

Fringe Benefit Allocation '07-08			\$910.00
Insurance Type & Provider: (Circle coverage desired)			
MEDICAL			
Blue Cross	PPO	Plan B-300	
Single Party	\$ 377.25	\$ 410.75	
2-Party	\$ 875.85	\$ 940.10	
Family	\$ 1034.45	\$ 1122.05	
Kaiser	\$5 co-pay	\$10 co-pay	
Single Party	\$ 396.40	\$374.03	
2-Party	\$792.80	\$748.06	
Family	\$1070.28	\$1009.88	
Total MEDICAL COST			\$

DENTAL* & VISION (Circle coverage wanted)			
Blue Cross	BCBS Plan 1* + vsn	Willamette DentaCare + vsn	
Single Party	\$ 42.60	\$ 39.85	
2-Party	\$ 89.35	\$ 80.75	
Family	\$167.05	\$150.45	
Total DENTAL*AND VISION COST			\$
TOTAL COST of Benefits selected ("Enter total on Personal Choice Account Form*)			\$

*Enter the amount under "Employee Insurance Premium Contribution" to pre-tax this withholding amount.

*Either dental plan can only be selected with Blue Cross PPO and Kaiser medical plans.

CASH OPTION		
Waive coverage	Entire allocation paid as taxable cash (income) (Must be covered by other insurance and waiver form signed)	\$
Balance not needed for health benefits to be paid as taxable cash	(Subtract total of medical/dental/vision costs from \$910.00 allocation)	\$

In addition, the District pays the premiums for a \$50,000 life insurance policy, Long Term Disability coverage & the Employee Assistance Program. (Not part of the total benefit allocation shown above.)

Signature: _____ Date: _____