

CSSU Section 125 Plans Election of Benefits Form (EOB)

Section 1

Employee Name:		Plan Year 7/1/14 – 6/30/15
Social security number:	Position:	<input type="checkbox"/> I do not wish to participate in HCR or Dependent Care
School:		

Section 2

ADMINISTRATORS and TEACHERS: Cash in Lieu of Insurance	ADMIN & TEACHERS Check which applies to you
Employer gives you Cash for Opting out of Health Insurance to be paid in two checks: Dec, May and taxed as regular income. You must complete the sworn statement proof of alternative health coverage form in this packet.	<input type="checkbox"/> single \$700.00 <input type="checkbox"/> two person \$1200.00 <input type="checkbox"/> family \$1500.00

Section 3

NON TEACHERS: Cash in Lieu of Insurance	NON TEACHERS Check which applies to you																														
Employer gives you Cash for Opting out of Health Insurance to be taken in a variety of ways - see below for choices. You must complete the sworn statement proof of alternative health coverage form in this packet. Cash in lieu is prorated. There is no opt out for Support Staff Full Year	<input type="checkbox"/> \$750.00 Support staff part year <input type="checkbox"/> \$750.00 Non union part year Non union full year: <input type="checkbox"/> \$750.00 single <input type="checkbox"/> \$1200.00 two person <input type="checkbox"/> \$1500.00 family <input type="checkbox"/> Grandfathered HCS \$ _____ /																														
<i>I wish to designate the cash to:</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 10%;">Total for plan year</th> <th style="width: 10%;"># of pays</th> <th style="width: 10%;">of 20</th> <th style="width: 10%;">Per pay amount</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Health Care Reimbursement</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Dependent Care Assistance</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Dental Insurance premium – apply this money to my dental premium</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Cash - cash paid to me in two installments Dec/May</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Grandfathered - employees receiving cash only</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Total for plan year	# of pays	of 20	Per pay amount	<input type="checkbox"/> Health Care Reimbursement					<input type="checkbox"/> Dependent Care Assistance					<input type="checkbox"/> Dental Insurance premium – apply this money to my dental premium					<input type="checkbox"/> Cash - cash paid to me in two installments Dec/May					<input type="checkbox"/> Grandfathered - employees receiving cash only				
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Section 4

ALL ELIGIBLE EMPLOYEES your own money	All Employees			
<i>I am requesting to deduct from my salary (per pay) designated to:</i>	Total for plan year	# of pays	of 20	Per pay amount
<input type="checkbox"/> Health Care Reimbursement annual limit \$2500.00 non-teacher, \$2500.00 teacher				
<input type="checkbox"/> Dependent Care Assistance annual limit for all \$5000				

Section 5

FORFEIT: check this box only if you are eligible to get cash in lieu of insurance but you are not taking the cash.
<input type="checkbox"/> I am forfeiting the Cash in Lieu of Insurance, even though I am not electing to be on the group health insurance.

Section 6

POST TAX DEDUCTIONS:
<input type="checkbox"/> I wish to elect post tax deductions for my health and dental premiums.

Section 7

Election of Benefits - I have read the terms, conditions statement and understand this benefit. I have access to the summary plan description at cssu.org.
Signature is Required: _____ Date: _____