



**City of Plano Benefit Enrollment Form**

	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
<b>Medical</b> (pre-tax)				
UHC Core Plan	\$ 14.00 (A1)	\$ 61.00 (A2)	\$ 39.00 (A3)	\$ 95.00 (A4)
Waive	\$ 0.00 (W1)			
<b>Dental</b> (pre-tax)				
UHC Dental	\$ 6.43 (A1)	\$ 16.08 (A2)	\$ 20.90 (A3)	\$ 33.44 (A4)
Waive	\$ 0.00 (W1)			
<b>Vision</b> (pre-tax)				
UHC Vision	\$ 4.00 (A1)	\$ 6.40 (A2)	\$ 6.54 (A3)	\$ 10.53(A4)
Waive	\$ 0.00 (W1)			
<b>Hospital Gap</b> (pre-tax)				
GAP 500 Age 18-54	\$ 7.00 (A1)	\$ 13.00 (A2)	\$ 12.50 (A3)	\$ 18.50 (A4)
GAP 500 Age 55-59	\$ 10.00 (A5)	\$ 18.50 (A6)	\$ 15.50 (A7)	\$ 24.00 (A8)
GAP 500 Age 60-99	\$ 15.50 (A9)	\$ 28.00 (A10)	\$ 21.00 (A11)	\$ 33.50 (A12)
GAP 1000 Age 18-54	\$ 8.50 (B1)	\$ 15.50 (B2)	\$ 14.00 (B3)	\$ 21.00 (B4)
GAP 1000 Age 55-59	\$ 12.00 (B5)	\$ 21.50 (B6)	\$ 17.50 (B7)	\$ 27.00 (B8)
GAP 1000 Age 60-99	\$ 18.00 (B9)	\$ 32.50 (B10)	\$ 23.50 (B11)	\$ 38.00 (B12)
GAP 1500 Age 18-54	\$ 10.00 (C1)	\$ 18.50 (C2)	\$ 16.00 (C3)	\$ 24.50 (C4)
GAP 1500 Age 55-59	\$ 15.00 (C5)	\$ 27.00 (C6)	\$ 21.00 (C7)	\$ 33.00 (C8)
GAP 1500 Age 60-99	\$ 23.00 (C9)	\$ 41.50 (C10)	\$ 29.00 (C11)	\$ 47.50 (C12)
Waive	\$ 0.00 (W1)			

**Long-Term Disability** (after-tax)

Long Term Disability 40%	\$0.00
Long Term Disability 50%	Annual Salary/24 pay periods * .0007
Long Term Disability 60%	Annual Salary/24 pay periods * .00167

**FSA** (pre-tax)

Please enter annual contribution amount or select waive. Annual contribution must be a minimum of \$325.00

**Medical** \$ \_\_\_\_\_ Annual Contribution Waive  
**Dependent (Childcare)** \$ \_\_\_\_\_ Annual Contribution Waive

The information provided on this form is true and accurate. Failure to provide correct information for me and my dependent(s) will result in: coverage being denied; penalties such as deferred effective dates; and back premiums and/or surcharges. I further understand that I cannot change my election unless I have a "qualifying life event" as defined by the Internal Revenue Code.

I authorize the City of Plano to deduct my employee contributions, if any, from my gross earnings. I further understand that not all options apply under IRS Section 125 and therefore some contributions will be made on an after tax basis.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date