



BENEFIT COST AND ELECTION FORM (For Active Employee)

OPTIONS (please choose)	BENEFIT	COST TO EMPLOYEE	
	Pension (mandatory)	5.9% up to YMPE; 7.4% above YMPE ⁽²⁾	
	Dental (optional)		
<input type="checkbox"/>	Single	16.99	Monthly ⁽¹⁾
<input type="checkbox"/>	Family	39.86	Monthly ⁽¹⁾
<input type="checkbox"/>	I choose not to be covered	-	
	Vision (optional)		
<input type="checkbox"/>	Single	7.51	Monthly ⁽¹⁾
<input type="checkbox"/>	Family	20.00	Monthly ⁽¹⁾
<input type="checkbox"/>	I choose not to be covered	-	
	Extended Health (optional)		
<input type="checkbox"/>	Single	23.96	Monthly ⁽¹⁾
<input type="checkbox"/>	Family	86.30	Monthly ⁽¹⁾
<input type="checkbox"/>	I choose not to be covered	-	
	Long Term Disability (mandatory)	0.0092	x \$ salary/100 ⁽²⁾ Bi-weekly
	Maximum insurable coverage: \$125,000		
	Life insurance (mandatory)	No Cost	
	Basic Coverage 1x Salary up to \$125,000		
<input type="checkbox"/>	2 x Salary up to \$250,000	0.0636	x \$ salary/1000 ⁽²⁾ Monthly
<input type="checkbox"/>	3 x Salary up to \$375,000	0.1272	x \$ salary/1000 ⁽²⁾ Monthly
<input type="checkbox"/>	4 x Salary up to \$500,000	0.1908	x \$ salary/1000 ⁽²⁾ Monthly
	Survivor Income Benefit (optional)		
<input type="checkbox"/>	6x Salary up to \$390,000	0.3816	x \$ salary/1000 ⁽²⁾ Monthly
	SIB can be added in combination with Basic life insurance or 2x only.		
	Accidental Death and Dismemberment (mandatory)		
	Equal to your life insurance; your life insurance choice will apply		
	Basic Coverage 1x Salary up to \$125,000	0.0198	x \$ salary/1000 ⁽²⁾ Monthly
	2 x Salary up to \$250,000	0.0396	x \$ salary/1000 ⁽²⁾ Monthly
	3 x Salary up to \$375,000	0.0594	x \$ salary/1000 ⁽²⁾ Monthly
	4 x Salary up to \$500,000	0.0792	x \$ salary/1000 ⁽²⁾ Monthly

⁽¹⁾ Benefit and Life Rates current as of Dec 1, 2020, Subject to change with notice.

⁽²⁾ Benefit and life Rates current as of Dec 1, 2020 Subject to change with notice.

 Employee Signature

 Date

 Employee Name (please print)