



**BENEFIT COST AND ELECTION FORM (For Active Employee - UTFA Group)**

OPTIONS (please choose)	BENEFIT	COST TO EMPLOYEE	
	<b>Pension</b> (mandatory)	5.9% up to YMPE; 7.4% above YMPE <sup>(2)</sup>	
	<b>Dental</b> (optional)		
<input type="checkbox"/>	Single	19.40	Monthly <sup>(1)</sup>
<input type="checkbox"/>	Family	44.42	Monthly <sup>(1)</sup>
<input type="checkbox"/>	I choose not to be covered	-	
	<b>Vision</b> (optional)		
<input type="checkbox"/>	Single	5.26	Monthly <sup>(1)</sup>
<input type="checkbox"/>	Family	11.35	Monthly <sup>(1)</sup>
<input type="checkbox"/>	I choose not to be covered	-	
	<b>Extended Health</b> (optional)		
<input type="checkbox"/>	Single	51.02	Monthly <sup>(1)</sup>
<input type="checkbox"/>	Family	110.12	Monthly <sup>(1)</sup>
<input type="checkbox"/>	I choose not to be covered	-	
	<b>Long Term Disability</b> (mandatory)	0.0092	x \$ salary/100 <sup>(2)</sup> Bi-weekly
	Maximum insurable coverage: \$125,000		
	<b>Life insurance</b> (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 <sup>(2)</sup> Monthly
<input type="checkbox"/>	3 x Salary up to \$375,000	0.1272	x \$ salary/1000 <sup>(2)</sup> Monthly
<input type="checkbox"/>	4 x Salary up to \$500,000	0.1908	x \$ salary/1000 <sup>(2)</sup> Monthly
	<b>Survivor Income Benefit</b> (optional)		
<input type="checkbox"/>	6x Salary up to \$390,000	0.3816	x \$ salary/1000 <sup>(2)</sup> Monthly
	SIB can be added in combination with Basic life insurance or 2x only.		
	<b>Accidental Death and Dismemberment</b> (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 <sup>(2)</sup> Monthly
	2 x Salary up to \$250,000	0.0396	x \$ salary/1000 <sup>(2)</sup> Monthly
	3 x Salary up to \$375,000	0.0594	x \$ salary/1000 <sup>(2)</sup> Monthly
	4 x Salary up to \$500,000	0.0792	x \$ salary/1000 <sup>(2)</sup> Monthly

<sup>(1)</sup> Benefit and Life Rates current as of January 1, 2024, Subject to change with notice.

<sup>(2)</sup> Benefit and life Rates current as of January 1, 2024, Subject to change with notice.

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

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Employee Name (please print)