



**BENEFIT COST AND ELECTION FORM (For Active Employee)**

OPTIONS (please choose)	BENEFIT	COST TO EMPLOYEE	
	<b>Pension (mandatory)</b>	5.9% up to YMPE; 7.4% above YMPE <sup>(2)</sup>	
	<b>Dental (optional)</b>		
<input type="checkbox"/>	Single	11.85	Bi-weekly <sup>(1)</sup>
<input type="checkbox"/>	Family	27.79	Bi-weekly <sup>(1)</sup>
<input type="checkbox"/>	I choose not to be covered	-	
	<b>Vision (optional)</b>		
<input type="checkbox"/>	Single	4.57	Bi-weekly <sup>(1)</sup>
<input type="checkbox"/>	Family	12.18	Bi-weekly <sup>(1)</sup>
<input type="checkbox"/>	I choose not to be covered	-	
	<b>Extended Health (optional)</b>		
<input type="checkbox"/>	Single	18.23	Bi-weekly <sup>(1)</sup>
<input type="checkbox"/>	Family	65.66	Bi-weekly <sup>(1)</sup>
<input type="checkbox"/>	I choose not to be covered	-	
	<b>Long Term Disability (mandatory)</b>		
	Maximum insurable coverage: \$125,000	0.0092 x \$ salary/100 <sup>(2)</sup>	Bi-weekly
	<b>Life insurance (mandatory)</b>		
<input type="checkbox"/>	Basic Coverage 1x Salary up to \$125,000	No Cost	
<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 (optional)</b>		
<input type="checkbox"/>	6x Salary up to \$390,000 SIB can be added in combination with Basic life insurance or 2x only.	0.3816 x \$ salary/1000 <sup>(2)</sup>	Monthly
	<b>Accidental Death and Dismemberment (mandatory)</b>		
	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

(1) Benefit and Life Rates current as of January 1, 2025, Subject to change with notice.

(2) Benefit and life Rates current as of January 1, 2025 Subject to change with notice.

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

\_\_\_\_\_  
 Date

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