



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

Employee Name _____

Reason for completing _____

New hire

Making change

OPTIONS (please choose)	BENEFIT	COST TO EMPLOYEE	
	Pension (mandatory)	5.9% up to YMPE; 7.4% above YMPE ⁽²⁾	
	Dental (Optional)		
	Single	26.23	Monthly ⁽¹⁾
	Family	60.05	Monthly ⁽¹⁾
	I choose not to be covered		
	Vision (Optional)		
	Single	9.27	Monthly ⁽¹⁾
	Family	20.34	Monthly ⁽¹⁾
	I choose not to be covered		
	Extended Health (Optional)		
	Single	92.51	Monthly ⁽¹⁾
	Family	199.65	Monthly ⁽¹⁾
	I choose not to be covered		
	Long Term Disability (Mandatory)		
		0.00741 x \$ Salary/100 ⁽²⁾	Bi-weekly
	Maximum Insurable coverage \$125,000		
	Life Insurance (Mandatory)		
	Basic Coverage 1 x Salary up to \$125,000	No Cost	
	2 x Salary up to \$250,000	0.0516 x \$ Salary/1000 ⁽²⁾	Monthly
	3 x Salary up to \$375,000	0.1032 x \$ Salary/1000 ⁽²⁾	Monthly
	4 x Salary up to \$500,000	0.1548 x \$ Salary/1000 ⁽²⁾	Monthly
	Survivor Income Benefit (Optional)		
	Maximum coverage up to \$65,000	0.3096 x \$ salary/1000 ⁽²⁾	Monthly
	SIB can Only be added in combination with Basic life insurance or 2x \$ Salary		
	The Survivor Income benefit is only available to staff members with a spouse and /or dependent Child(ren) and the maximum coverage is \$65,000.		
	Accidental Death and Dismemberment (Mandatory)		
	Equal to your life insurance; your life insurance choice will apply		
	Basic Coverage 1xSalary up to \$125,000	0.0184 x \$Salary/1000 ⁽²⁾	Monthly
	2 x Salary up to \$250,000	0.0368 x \$ Salary/1000 ⁽²⁾	Monthly
	3 x Salary up to \$375,000	0.0552 x \$ Salary/1000 ⁽²⁾	Monthly
	4 x Salary up to \$500,000	0.0736 x \$ Salary/1000 ⁽²⁾	Monthly

(1) Benefit and Life Rates current as of July 1, 2026 Subject to change with notice.

(2) Benefit and life Rates current as of July 1, 2026 Subject to change with notice.

Employee Signature _____

Date _____