



Lake County Board of County Commissioners 2006-2007 ELECTION FORM

PLEASE NOTE: Failure to complete this and supplemental applications may result in lack of coverage!

If you are adding a spouse or dependent on the plan(s), you must supply copies of marriage certificate and birth certificate (or proof of dependency) along with your enrollment paperwork.

EMPLOYEE NAME: _____ **SSN:** _____
(necessary for payroll purposes)
DATE OF BIRTH: _____ **AGE:** _____ **CONTACT PHONE #:** _____
(day time)
DATE OF HIRE: _____

		Elect	Don't Elect	FOR INTERNAL USE ONLY	
MEDICAL	BlueCare (HMO - Open Access)	Single \$15.00	<input type="checkbox"/>	<input type="checkbox"/>	I124
		Family \$90.64	<input type="checkbox"/>	<input type="checkbox"/>	I125
	BlueChoice (PPO)	Single \$22.75	<input type="checkbox"/>	<input type="checkbox"/>	I122
		Family \$112.58	<input type="checkbox"/>	<input type="checkbox"/>	I123
DENTAL	DHMO	Single \$0.00	<input type="checkbox"/>	<input type="checkbox"/>	I112
		E + 1 \$4.44	<input type="checkbox"/>	<input type="checkbox"/>	I108
		Family \$7.86	<input type="checkbox"/>	<input type="checkbox"/>	I109
	<small>* County pays entire cost of single coverage.</small>				
ADVANTAGE	Single \$0.00	<input type="checkbox"/>	<input type="checkbox"/>	I117	
	E + 1 \$7.55	<input type="checkbox"/>	<input type="checkbox"/>	I118	
	Family \$9.57	<input type="checkbox"/>	<input type="checkbox"/>	I119	
<small>* County pays entire cost of single coverage.</small>					
PPO	Single \$0.00	<input type="checkbox"/>	<input type="checkbox"/>	I113	
	E + 1 \$8.54	<input type="checkbox"/>	<input type="checkbox"/>	I114	
	Family \$18.61	<input type="checkbox"/>	<input type="checkbox"/>	I115	
<small>* County pays entire cost of single coverage.</small>					
FLEXIBLE SPENDING	<small>Indicate dollar amount</small>				
	DEPENDENT CARE (Total annual election) \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	M137	
HEALTH CARE (Total annual election) \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	M138		
VISION	VSP/FOCUS	Single \$2.86	<input type="checkbox"/>	<input type="checkbox"/>	I103
		Family \$8.12	<input type="checkbox"/>	<input type="checkbox"/>	I133
ADDITIONAL LIFE INSURANCE	<small>(Basic life insurance of 1 X annual salary is paid by the County. What you are electing below should not reflect the amount already purchased by the County. You can purchase up to 5 X your annual salary; up to a maximum of \$300,000.)</small>				
	Employee Additional Coverage \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	I106	
	Spouse Additional Coverage \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	I006	
	Spouse Date of Birth & Age as of 10/01/06 _____ / _____ / _____ <small style="margin-left: 150px;">Age</small>	<input type="checkbox"/>	<input type="checkbox"/>	I010	
	Children Additional Coverage	\$2,500 \$ 0.30	<input type="checkbox"/>	<input type="checkbox"/>	I011
		\$5,000 \$ 0.60	<input type="checkbox"/>	<input type="checkbox"/>	I011
\$7,500 \$ 0.90		<input type="checkbox"/>	<input type="checkbox"/>	I011	
\$10,000 \$ 1.20		<input type="checkbox"/>	<input type="checkbox"/>	I011	
<small>(Basic AD&D of 1 X annual salary plan is paid by the County. What you are electing below should not reflect the amount already purchased by the County. You must purchase additional life insurance above order to purchase additional AD&D. You can purchase up to 5 X your annual salary; up to a maximum of \$300,000.)</small>					
ACCIDENTAL DEATH & DISMEMBERMENT	Employee Coverage	<input type="checkbox"/>	<input type="checkbox"/>		
	\$ _____ divided by \$10,000 X \$.2922 = \$ _____	<input type="checkbox"/>	<input type="checkbox"/>		
	Spouse Coverage	<input type="checkbox"/>	<input type="checkbox"/>		
	\$ _____ divided by \$5,000 X \$.1537 = \$ _____	<input type="checkbox"/>	<input type="checkbox"/>		
Children Coverage	<input type="checkbox"/>	<input type="checkbox"/>			
\$ _____ divided by \$2,500 X \$.0355 = \$ _____	<input type="checkbox"/>	<input type="checkbox"/>			
Total = \$ _____				I004	
LONG TERM DISABILITY BUY-UP to 90 day plan	<small>(Basic 180 day waiting period plan is paid for by the County. If you wish to purchase the buy-down to a 90 day waiting period, complete the section below.)</small>				
	Annual Salary	<input type="checkbox"/>	<input type="checkbox"/>		
\$ _____ X .16/100 divided by 26 (pay periods per year) = \$ _____	<input type="checkbox"/>	<input type="checkbox"/>		I012	

Employee Signature _____ Date _____
Effective Date: _____
Begin Deductions: _____

READ CAREFULLY The information provided is true and correct to the best of my knowledge. I authorize payroll deductions of the required contributions toward the cost of the selected coverage and any subsequent rate changes. I understand my enrollment is irrevocable until the next open enrollment, unless I have a qualifying change in status as defined by the Internal Revenue code, and that I must request such changes within 30 calendar days of the qualifying change in status. I understand I must notify Employee Services to remove a dependent within 30 days of the date they become ineligible. Failure to remove a dependent within 30 days from the date of ineligibility, or providing false or inaccurate information, may result in disciplinary action and repayment to the plan. In the event of an administrative or clerical error, or an incorrect listing of dependents, which results in improper charge(s) to the plan, I further authorize, through payroll deduction or in a manner that is mutually acceptable between Lake County and myself, the repayment of fees and/or claims.