

# Berkley School District (MESSA)

## Pre-Tax Benefit Election Form – Authorization for Payroll Deductions

Name \_\_\_\_\_ DOB \_\_\_\_\_ Position \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State, Zip \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Gender \_\_\_\_\_

For more detailed information about the benefit plans, please visit:  
<https://www.berkleyschools.org/about/human-resources/health-care-plans/>

MESSA Choices PPO - \$1,000 Single/\$2,000 Family Annual Deductible, 5 Tier Rx (PLAN 1)

\_\_\_\_\_ Single Coverage          \_\_\_\_\_ Two Person Coverage          \_\_\_\_\_ Family Coverage

MESSA Choices PPO - \$2,000 Single/\$4,000 Family Annual Deductible, 10% Coinsurance, 5 Tier Rx (PLAN 2)

\_\_\_\_\_ Single Coverage          \_\_\_\_\_ Two Person Coverage          \_\_\_\_\_ Family Coverage

MESSA ABC Plan 2 - \$2,000 Single/\$4,000 Family Annual Deductible, **ABC Saver Rx** (PLAN 3)

\_\_\_\_\_ Single Coverage          \_\_\_\_\_ Two Person Coverage          \_\_\_\_\_ Family Coverage

\_\_\_\_\_ **With HSA funding**          \_\_\_\_\_ **Without HSA funding**

MESSA ABC Plan 2 - \$2,000 Single/\$4,000 Family Annual Deductible, **5 Tier Rx** (PLAN 4)

\_\_\_\_\_ Single Coverage          \_\_\_\_\_ Two Person Coverage          \_\_\_\_\_ Family Coverage

\_\_\_\_\_ **With HSA funding**          \_\_\_\_\_ **Without HSA funding**

MESSA Essentials - \$375 Single/\$750 Family Annual Deductible, 20% coinsurance, EbM Rx (PLAN 5)

\_\_\_\_\_ Single Coverage          \_\_\_\_\_ Two Person Coverage          \_\_\_\_\_ Family Coverage

**Dependents – All information requested below is required to add a dependent**

Last Name	First Name	M	F	Date of Birth	Social Security No	Relationship

Please read and initial below:

\_\_\_\_\_ I agree to pay any outstanding premium balance each pay period in the event my payroll check does not cover the premium due.

\_\_\_\_\_ I agree that if I should leave Berkley School District employment any outstanding balance due will be collected from my last payroll check. This will ensure that any pre-funding amount is paid in full.

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

\_\_\_\_\_  
 Date