

Berkley School District (POOL)

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/>

BCBSM PPO 1000 - \$1,000 Single/\$2,000 Family Annual Deductible, BCBS Rx (PLAN 1)

_____ Single Coverage _____ Two Person Coverage _____ Family Coverage

BCBSM PPO 2000 - \$2,000 Single/\$4,000 Family Annual Deductible, 20% Coinsurance, BCBS Rx (PLAN 2)

_____ Single Coverage _____ Two Person Coverage _____ Family Coverage

Flexible Blue 1650 - \$1,650 Single/\$3,300 Family Annual Deductible, BCBS Rx (PLAN 3)

_____ Single Coverage _____ Two Person Coverage _____ Family Coverage

_____ **With HSA funding** _____ **Without HSA funding**

Flexible Blue 2000 - \$2,000 Single/\$4,000 Family Annual Deductible, BCBS Rx (PLAN 4)

_____ Single Coverage _____ Two Person Coverage _____ Family Coverage

_____ **With HSA funding** _____ **Without HSA funding**

BCBSM PPO 500 - \$500 Single/\$1000 Family Annual Deductible, 20% coinsurance, BCBS 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