

J.S. Paris Excavating, Inc. Insurance Benefits Election Form

As a full-time employee, you have the option to participate in J.S. Paris Excavating, Inc.'s benefit plan. Please make your elections below, sign, and **return this form to Erica Higgins**. Remember to refer to the attached Plan Summaries to help you understand the benefits being offered.

If you do not wish to participate in the plan, please check the box marked "waive", and sign and return the form.

Employee Name _____

Employee Social Security No. _____

HEALTH INSURANCE – UNITED HEALTHCARE

I choose the following health insurance coverage:

- Plan AXPG:** \$3,000 / \$6,000 Deductible, 80% Coinsurance
- Plan BYSM:** \$1,500 / \$3,000 Deductible, 80% Coinsurance
- Waive:** I choose not to participate in the health plan.

Please choose one of the following coverage categories. If you are enrolling for the first time or changing coverage, an Enrollment Application will also need to be completed.

	Plan AXPG Cost Per Week	Plan BYSM Cost Per Week
Employee Only	<input type="checkbox"/> \$20.20	<input type="checkbox"/> \$47.73
Employee & Spouse	<input type="checkbox"/> \$160.30	<input type="checkbox"/> \$226.04
Employee & Child(ren)	<input type="checkbox"/> \$145.87	<input type="checkbox"/> \$207.68
Family	<input type="checkbox"/> \$275.99	<input type="checkbox"/> \$373.27

DENTAL INSURANCE - PRINCIPAL

I choose the following dental insurance coverage:

- | | Cost Per Week |
|--|---------------|
| <input type="checkbox"/> Employee Only | \$0.98 |
| <input type="checkbox"/> Employee & Spouse | \$6.16 |
| <input type="checkbox"/> Employee & Child(ren) | \$10.30 |
| <input type="checkbox"/> Family | \$16.61 |
| <input type="checkbox"/> Waive | |

VISION INSURANCE - PRINCIPAL

I choose the following vision insurance coverage:

- | | Cost Per Week |
|---|----------------------|
| <input type="checkbox"/> Employee Only | \$0.38 |
| <input type="checkbox"/> Employee & Spouse | \$1.78 |
| <input type="checkbox"/> Employee & Child(ren) | \$2.06 |
| <input type="checkbox"/> Family | \$3.93 |
| <input type="checkbox"/> Waive | |

LIFE AND AD&D INSURANCE - PRINCIPAL

I choose the following life insurance coverage:

- | | Cost Per Week |
|---|----------------------|
| <input type="checkbox"/> Enrolling: \$25,000 life insurance benefit, Accidental Death and Dismemberment Coverage | \$0.28 |
- Beneficiary Name(s): _____

- Beneficiary SSN: _____

- Waiving:** I choose not to participate in the life insurance.

I understand the coverage I have elected is in effect from December 1, 2020 through November 30, 2021. No changes can be made outside of the open enrollment period, unless I or my dependents have a qualifying event. By signing below I authorize the deduction from my earnings in the amount associated with my plan selection, coverage category and employment status.

Signature

Date