Benefit Selection / Compensation Reduction / Waiver Form
Effective April 1, 2020 – March 31, 2021

Employee Name: ____ Tutta Bella Location: _________________________

Employee Address: ____

Employee Email: ______________________________

By making my selection(s) below, I agree to have premiums deducted from payroll as payment for insurance coverage for myself and dependent(s), if applicable. One half of the cost per month will be deducted from the first two pay periods of each month.

Core HMO Medical Plan	Cost per month
❑ Employee Only	$171.94
❑ Employee + Spouse	$725.55
❑ Employee + Child(ren)	$481.42
❑ Employee + Spouse + Child(ren)	$1,035.01

Access PPO Medical Plan	Cost per month
❑ Employee Only	$215.12
❑ Employee + Spouse	$838.26
❑ Employee + Child(ren)	$563.48
❑ Employee + Spouse + Child(ren)	$1,186.58

I elect to waive Medical coverage for the following reason:
❑ I have coverage through a family member
❑ I have coverage through an individual health policy
❑ I do not have health insurance coverage

Voluntary Dental Plan	Cost per month
❑ Employee Only	$30.31
❑ Employee + Spouse	$59.24
❑ Employee + Children	$78.27
❑ Employee + Spouse + Child(ren)	$112.95
❑ **I elect to waive Dental coverage**	

Voluntary Vision Plan	Cost per month
❑ Employee Only	$5.31
❑ Employee + Spouse	$11.19
❑ Employee + Child(ren)	$11.96
❑ Employee + Spouse + Child(ren)	$19.16
❑ **I elect to waive Vision coverage**	

Life / AD&D Plan	Cost per month
❑ Employee Only	$0.98
❑ **I elect to waive Life / AD&D**	

If you are waiving coverage, you don't need to complete the attached enrollment form. If you are enrolling, you must complete the attached enrollment form.

By my signature below I certify that I understand the following terms and conditions:

- I have been provided with an enrollment guide, including a Summary of Benefits and Coverage.
- March is the open enrollment period, and is my annual opportunity to make any changes to my employee benefit plan elections.
- In accordance with IRS Section 125 rules, I am unable to make changes to my employee benefit plan elections until April 1, 2021, unless I or my eligible dependents experience an event that permits a mid-year election change.
- Eligible dependents include my legally married spouse, domestic partner and my and/or my spouse/DP's dependent children up to age 26. It is my responsibility to notify Human Resources if any covered dependent ceases to meet the definition of an eligible dependent under the terms of the employee benefit plan. If I cover an individual on the employee benefit plan who is not an eligible dependent, this is considered fraud and theft, and may be grounds for termination of employment.
- Payroll deductions will be taken from my paycheck on a pre-tax basis to pay for my portion of the premiums for the employee benefits that I elect. It is my responsibility to notify Human Resources if I want premiums deducted on an after-tax basis.
- Pre-tax compensation reductions will reduce my taxable income for Social Security purposes, and may result in a reduction of Social Security benefits that I, or my dependents, may become entitled to in the future.
- *DP=Domestic Partner; Under federal tax law, unless my domestic partner (or his/her child[ren]) qualifies as a tax dependent, premiums may not be paid on a pre-tax basis. In addition, the value of my domestic partner's coverage, less the amount paid by me for such coverage on an after-tax basis, will be included in my gross income, subject to federal withholding and employment taxes.

_______________________________________ _____________________

Signature Date