



# Benefit Selection/Compensation Reduction Form

Craft

Effective December 1, 2019 – November 30, 2020

Employee's Name: \_\_\_\_\_

Address (if any changes since last Open Enrollment): \_\_\_\_\_

### If newly enrolling dependents, please complete:

Dependent Full name	Date of Birth	Social Security Number	Sex [M or F]	Address (if different from yours)

### I elect the following as monthly, pre-tax deductions:

#### Medical/Prescription Drug:

##### Core Medical Plan – Regence Classic \$3,000 Deductible PPO Plan

- Employee Only \$120.80
- Employee + Spouse/DP\* \$267.70
- Employee + Child(ren) \$233.68
- Employee + Family \$380.60

##### Buy-Up Medical – Regence Innova \$1,000 Deductible PPO Plan

- Employee Only \$270.60
- Employee + Spouse/DP\* \$599.70
- Employee + Child(ren) \$523.48
- Employee + Family \$852.50

### I elect to waive medical coverage because (choose one of the following):

- I have other employer-sponsored coverage
- I have coverage through Medicare, Medicaid or Tricare
- I have coverage through the Health Insurance Marketplace
- I don't want medical coverage

#### Voluntary Dental

- Employee Only \$42.00
- Employee + Spouse/DP\* \$87.50
- Employee + Child(ren) \$90.95
- Employee + Family \$136.45
- I elect to waive dental

#### Vision

- Employee Only \$1.13
- Employee + Spouse/DP\* \$2.26
- Employee + Child(ren) \$2.41
- Employee + Family \$3.86
- I elect to waive vision

#### Employee Base Life Insurance

- Employee Only \$0.79
- I elect to waive base life insurance

#### Employee Base Long-Term Disability

- Employee Only \$0.96
- I elect to waive base LTD

#### Voluntary Base Life Insurance and Voluntary Buy-Up Long-Term Disability

Please check all boxes that apply.

- Voluntary Life – Employee \$ \_\_\_\_\_ List amount requested in \$10,000 increments up to \$300,000 or 5x annual earnings
- Voluntary Life – Spouse/DP\* \$ \_\_\_\_\_ List amount requested in \$10,000 increments up to \$300,000
- Voluntary Life – Child(ren) \$ \_\_\_\_\_ List amount requested for each child, in \$2,000 increments up to \$10,000
- Voluntary Long-Term Disability \$ Based on salary (employee pays full amount – see rate table in the Benefits Guide)
- I elect to waive voluntary benefits

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By my signature below, I acknowledge and agree to the following terms and conditions:

- I have been provided with an enrollment guide, including a Summary of Benefits and Coverage.
- November 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 December 1, 2020, 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 TRICO Companies 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.

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**Signature**

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**Date**