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PLYMOUTH-CANTON COMMUNITY SCHOOLS

office use only
EFF.DATE: 1/1/25

Plymouth-Canton Community Schools
Plan Year 1-1-25 through 8-31-25
(Election continues until it is changed or terminated)

1. Employee's Name: _____ 2. S.S#: _____

3. Home Address: _____
Full Address City State Zip

4. Phone: Home: _____ 5. Date of Birth _____

6. Sex: _____ Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed

(See Plan Offering List for Plan Descriptions)

Medical Plan

Must Choose One (1): A, B, C

Voluntary Abortion Rider (Extra Charge See Below)
Please check off if you want this extra coverage
Single ($3.75 mo.)
2-Person ($7.52 mo.)
Family ($10.35 mo.)

A. Plan 7 (HSA) Single _____
2-Person _____
Family _____

B. Plan 8 (HSA) Single _____
2-Person _____
Family ____ ___

Coverage and Coordination of Benefits Information

List below the individuals who should be covered by this plan. IF YOU ADD A DEPENDENT YOU MUST PUT ENTIRE SS#

	Full Name	SS#	Sex	Birth date
Employee				
Spouse				
Child				
Child				
Child				
Child				
Child				
Child				
Child				
Child				

☐ **YES** ☐ **NO** **Are you covered under any other PCCS Medical Plan through a spouse?**

☐ **YES** ☐ **NO** **Are you covered by any other Group Medical Plan?**

☐ **YES** ☐ **NO** **Is your spouse covered by any other Group Medical Plan?**

☐ **YES** ☐ **NO** **Are your children covered by any other Group Medical Plan?**

Name of other Insurance Company or TPA: _____

Employer providing other coverage: _____

Dependents:

- I understand the rules that define who is eligible under the plan and I represent that the dependent(s) I am enrolling is/are eligible under the plan.
- I acknowledge that I may be asked to provide proof of my dependents' eligibility and I agree to provide proof, if requested.
- I agree to timely notify the plan if my dependent becomes ineligible for the plan.

(Over, please)

Plymouth-Canton Community Schools
PRE-TAX PAYMENT BENEFIT PROGRAM
ACKNOWLEDGMENT

I have reviewed a copy of the terms of the Plymouth-Canton Community Schools Pre-Tax Payment Benefit Program ("the Plan").

ELECTION OF PRE-TAX BENEFITS

☐ I elect to pay my required contributions for health care coverage on a pre-tax basis under the Plymouth-Canton Community Schools Pre-Tax Payment Program. I understand my salary will be reduced by an equal amount each pay period to cover the cost of my required contributions during the plan year. This election replaces any prior election(s) I have made.

☐ I have been provided with a schedule of required contributions.

☐ I understand that except for a Change In Status for the applicable coverage in the Plan, I cannot change my election of pre-tax benefits until the next annual Open Enrollment period.

ELECTION OF AFTER-TAX BENEFITS

☐ I elect to waive all pre-tax benefits under the Plan and to make my required contributions on an after-tax basis. I understand my required contributions will be deducted in equal amounts each pay period on an after-tax basis during the plan year. This election replaces any prior election(s) I have made.

☐ I have been provided with a schedule of required contributions.

☐ I understand that except for a Change In Status for the applicable coverage under the Plan, I cannot change my election of after-tax payment of my required contributions until the next annual Open Enrollment Period.

AGREEMENT

I agree that if I selected Pre-Tax Benefits above, my salary will be reduced by the amount of my required contribution for health benefits I have selected under the Plan, and that salary reductions will continue for each pay period until this election is changed or terminated. I agree that if I selected After-Tax Benefits my required contributions will be deduction in equal amounts from my paychecks on an after-tax basis during the year until this election is changed or terminated. I understand that:

- Required Contributions mean the amount I must pay for coverage (for myself and my dependents) under the Plymouth-Canton Community Schools Employee Benefit Plan.
- I cannot change or revoke my election prior to the next annual Open Enrollment period, unless I experience a Change in Status as defined in the Plan (e.g., birth of a child, divorce, marriage, etc.), and my election change (or revocation) is on account of and is consistent with the Change in Status, as described in the Plan.
- Under current law pre-tax contributions are not counted when determining FICA earnings. If an employee earns less than the Social Security base wage, his eventual Social Security benefits could be slightly reduced. The value of income and FICA tax savings will normally exceed any eventual reduction in Social Security benefits.
- Each year during the annual Open Enrollment period, I will have an opportunity to change my election. If I do not complete and return a new Health Plan Enrollment Form at that time, this election will continue unchanged until I make a new election under the terms of the Plan.
- I will be notified of any subsequent change in the Required Contribution.

I hereby certify that the statements herein are complete and accurate to the best of my knowledge. I understand that benefits may be affected if I knowingly provide false, incomplete, or misleading information on this form and that this action may result in further disciplinary action up to and including termination.

This agreement is subject to the terms of the Plymouth-Canton Community Schools Employee Benefit Plan, as may be amended, and revokes any prior election and compensation reduction agreement relating to the pre-tax payment benefit program.

_____ _____

Employee Signature Date