

GARDEN GROVE UNIFIED SCHOOL DISTRICT
Office of Personnel Services

INSURANCE ELECTION and AUTHORIZATION

ID _____	
Eff Date _____	
<input type="checkbox"/> New Hire	<input type="checkbox"/> CE
<input type="checkbox"/> Change	<input type="checkbox"/> CL
<input type="checkbox"/> RTW	
<input type="checkbox"/> Job Share	

INSTRUCTIONS: This form must be completed, signed and returned to the District Insurance Office. **ALL EMPLOYEES MUST COMPLETE SECTIONS A AND B AND SIGN VERIFYING AGREEMENT.** Employees who wish to enroll dependents must also complete Section C.

SECTION A - EMPLOYEE INFORMATION

NAME _____ SOCIAL SECURITY NO. _____

WORK SITE _____

SECTION B - ELECTION AND AUTHORIZATION

The following indicates my election of insurance coverage and authorizes the District to deduct the indicated contribution in ten equal payments from my payroll check. This election and authorization shall remain in effect until I change/terminate such coverage in writing or until changed by me in the next open enrollment period.

CHECK ONE: _____ I elect to waive the benefits (medical, dental and vision) provided by this Plan. My signature below verifies this choice.

_____ I elect coverage for myself only in this Plan for a yearly contribution of \$500

_____ I elect coverage for myself and one dependent, listed in Section C, for a yearly contribution of \$1000

_____ I elect coverage for myself and those dependents, listed in Section C, for a yearly contribution of \$1500

SECTION C - ELIGIBLE DEPENDENT INFORMATION

<u>Relationship</u>	<u>Name</u>	<u>Social Security No</u>	<u>Birth Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

By my signature, I request the coverage and authorize the payroll deduction as indicated in Section B and herewith certify the eligibility of the dependents listed in Section C **-OR-** choose to waive my health benefit coverage.

Signed _____ Dated _____

REQUEST FOR TAX EXEMPT PARTICIPATION

*****In addition, please sign below to have your deduction taken tax-exempt*****

By my signature, I request enrollment in Garden Grove Unified School District's Section 125 Premium Conversion Plan and to participate and deposit by payroll deduction *as indicated in Section B above*. I understand this election cannot be revoked or changed during the plan year unless there is a change in my family status which justifies the revocation or change as authorized by the Internal Revenue Service.

Signed _____ Dated _____