

Community Action Partnership of Mid-Nebraska 2012 Benefit Enrollment Form

Name:
FTE:

Eligibility Date:

Partial Year Staff: (see back of this form for partial-year health and dental premium amounts)

60-79% FTE	Jan-May \$240.00	81% Jan-May \$480.00
	Sept-Dec \$150.00	Sept-Dec \$300.00

Please check a box or fill in an amount for each section.

I. Group Health Insurance

		Monthly Premium	Monthly Benefit Contribution	Monthly Employee Contribution**
Premiums: Employee	\$492.79	Jan-May		
Employee/Spouse	\$1010.30			
Employee/Child	\$862.42	Sept-Dec		
Family	\$1,429.19			

I choose not to participate in Mid's group health insurance because:

- I already have health insurance through my spouse.
- Medical Care Supplement
- Other please list _____

→ I choose not to participate in this benefit for 2012.

II. Group Dental Insurance

		Monthly Premium	Monthly Benefit Contribution	Monthly Employee Contribution**
Premiums: Employee	\$33.58	Jan-May		
Employee/Spouse	\$67.15			
Employee/Child	\$76.54	Sept-Dec		
Family	\$111.83			

→ I choose not to participate in this benefit for 2012.

III. Group Retirement Plan (American Funds)

	Monthly Benefit Contribution	Percentage of Salary or Employee Contribution
Jan-May		
Sept-Dec		

→ I choose not to participate in this benefit for 2012.

IV. Term Life Insurance*

*For employees signing up for this option for the first time, you must contact Edward Jones to finalize your enrollment!

	Monthly Premium Amount	Monthly Benefit Contribution	Monthly Employee Contribution
Jan-May			
Sept-Dec			

→ I choose not to participate in this benefit for 2012.

**Can claim this amount on Section D of IRC Section 125(c) enrollment form.

I authorize Community Action Partnership of Mid-Nebraska to deduct the appropriate amount from my compensation 12 times per year except for retirement contributions made on a percentage basis which will be deducted 13 times per year.

Signature (Required to complete enrollment)

Date

**Community Action Partnership of Mid-Nebraska
Insurance Rates for Partial-Year Employees 2012**

Calculated using a 3 month scheduled break. Mid will continue payment of benefit dollars during the 3 month scheduled break.

HEALTH INSURANCE

	Employee Monthly Premium	Employee & Spouse Monthly Premium	Employee & Child Monthly Premium	Family Monthly Premium
Jan-May	\$788.46	\$1,616.48	\$1,379.87	\$2,286.70
Sept-Dec	\$492.79	\$1,010.30	\$862.42	\$1,429.19

DENTAL INSURANCE

	Employee Monthly Premium	Employee & Spouse Monthly Premium	Employee & Child Monthly Premium	Family Monthly Premium
Jan-May	\$53.73	\$107.44	\$122.46	\$178.93
Sept-Dec	\$33.58	\$67.15	\$76.54	\$111.83

COMBINATION HEALTH & DENTAL – Contact Fiscal for amount due if you are enrolled for both of these benefit options.

Please contact LaDonna or Carrie if you need assistance calculating your premium amounts for TERM LIFE INSURANCE.

Partial-year staff on scheduled break may continue their insurance benefits during the summer by paying their portion of the premium(s) due for June-August over the five month period of January-May. The rates are outlined above. For your convenience, payment for your portion of the premiums due, are set up through payroll deduction.

The agency’s benefit enrollment forms MUST be completed to enroll you in the benefit program for 2012. For assistance in completing the appropriate forms, or if you have questions, please contact LaDonna Jackman or Carrie Eurek at 1-877-335-6422.

*Should employment with Mid commence before or during the scheduled break, any additional amount collected that has not been paid towards premiums will be refunded to the employee. Premiums are due to insurance companies a month in advance. Please notify LaDonna ASAP if you are terminating employment.