

Community Action Partnership of Mid-Nebraska 2012 Benefit Enrollment Form

Name:
FTE:

Eligibility Date:

Benefit Dollar Amount (check one):

80-100% FTE \$300.00

60-79% FTE \$150.00

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

I. Group Health Insurance

Premiums: Employee	\$492.79
Employee/Spouse	\$1010.30
Employee/Child	\$862.42
Family	\$1,429.19

Monthly Premium Amount	Monthly Benefit Contribution	Monthly Employee Contribution**

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 explain _____

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

II. Group Dental Insurance

Premiums: Employee	\$33.58
Employee/Spouse	\$67.15
Employee/Child	\$76.54
Family	\$111.83

Monthly Premium Amount	Monthly Benefit Contribution	Monthly Employee Contribution**

➔ 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

➔ 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

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

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

	Benefit Contribution	Employee Contribution
Monthly Total		

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