

2012 - 2013 U.S.D. #500 Enrollment Worksheet

**Review the Enrollment Toolkit Online at: www.kckps.org/benefits
Enroll Online at: www.cbizesc.com/kckps**

Spouse and Dependent Children Detail: Legal Spouse, and unmarried legally dependent children (does not include grandchildren).

Coverage for your dependent child ends at the end of the calendar year in which they turn 26.

Legal Name	SSN	Relationship	Gender	DOB	Medical Yes / No	Medical PCP ID*	Dental Yes/No	Vision Yes/No	Life Yes / No

Medical: Check the plan that you want (*cost shown is per pay period, based on 24 pay periods*), or check “Waive” if you are not enrolling.

HMO 1 members must choose a Primary Care Physician (PCP). To find out your PCP’s ID #, go to www.bluekc.com, Search Provider Directory.

	<u>2500 PPO</u>	<u>1000 PPO</u>	<u>PPO 500</u>	<u>HMO 1</u>
EE Only	<input type="checkbox"/> \$0	<input type="checkbox"/> \$23.89	<input type="checkbox"/> \$74.04	<input type="checkbox"/> \$74.92
EE+Spouse	<input type="checkbox"/> \$230.96	<input type="checkbox"/> \$283.23	<input type="checkbox"/> \$393.59	<input type="checkbox"/> \$395.55
EE+Child(ren)	<input type="checkbox"/> \$184.76	<input type="checkbox"/> \$231.35	<input type="checkbox"/> \$329.67	<input type="checkbox"/> \$331.41
EE+Family	<input type="checkbox"/> \$377.24	<input type="checkbox"/> \$447.48	<input type="checkbox"/> \$595.96	<input type="checkbox"/> \$598.60
Waive	<input type="checkbox"/>			

Dental: Check the plan that you want (*cost shown is per pay period, based on 24 pay periods*), or check “Waive” if you are not enrolling.

	<u>Guardian Low Dental Plan</u>	<u>Guardian High Dental Plan</u>
EE Only	<input type="checkbox"/> \$13.15	<input type="checkbox"/> \$17.43
EE+Spouse	<input type="checkbox"/> \$23.94	<input type="checkbox"/> \$31.74
EE+Child(ren)	<input type="checkbox"/> \$28.39	<input type="checkbox"/> \$37.72
EE+Family	<input type="checkbox"/> \$42.89	<input type="checkbox"/> \$57.08
Waive	<input type="checkbox"/>	

Vision: Check the plan that you want (*cost shown is per pay period, based on 24 pay periods*), or check “Waive” if you are not enrolling.

	<u>Superior Vision Plan</u>
EE Only	<input type="checkbox"/> \$4.95
EE+Spouse	<input type="checkbox"/> \$9.81
EE+Child(ren)	<input type="checkbox"/> \$9.60
EE+Family	<input type="checkbox"/> \$14.61
Waive	<input type="checkbox"/>

Voluntary Group Term Life: As a new hire, you may enroll in \$10,000 increments without Evidence of Insurability if you do not exceed \$100,000 (\$30,000 spouse). If you choose to waive coverage now, you may enroll at the next open enrollment but will be required to submit Evidence of Insurability (available on www.cbizesc.com/kckps) for any amount.

- EE Only _____ (\$10,000 Increments/Maximum is lesser of 5x annual salary or \$500,000)
 Spouse _____ (\$5,000 Increments/Maximum is lesser of 50% of Employee amount or \$250,000)
 Child(ren) _____ (\$2,000 Increments/Maximum is lesser of 50% of Employee amount or \$10,000)
 Waive

Beneficiary Legal Name	Relationship	Social Security Number	Primary or Contingent	Percent (must add up to 100%)	Trust or Individual

Voluntary Life Rates (increments shown are per pay period, based on 24 pay periods)

Age Band	Employee per \$10,000	Spouse per \$5,000	Child per \$2,000
- 24	\$0.30	\$0.15	
25-29	\$0.30	\$0.15	\$.07
30-34	\$0.35	\$0.175	
35-39	\$0.35	\$0.175	
40-44	\$0.65	\$0.325	
45-49	\$1.15	\$0.575	
50-54	\$1.75	\$0.875	
55-59	\$2.90	\$1.45	
60-64	\$3.35	\$1.675	
65-69	\$5.80	\$2.90	
70-74	\$9.50	\$4.75	
75+	\$16.40	\$8.20	

NOTE: The premium paid for child coverage is based on the cost of coverage for one child, regardless of how many children you have.

NOTE: Your rate will increase as you age and move to the next age band.

Insurance Age

Your rate is based on your insurance age. To calculate your insurance age, subtract your year of birth from the year your coverage becomes effective. Spouse rate will be based on employee age.

Flexible Spending Account/Section 125 Plan:

Payroll-Deducted Premiums (please note that premiums are deducted the 15th of the Month and the Last Day of the Month paychecks)

- If you are participating in the medical, dental and/or vision plans and your premium is greater than \$0.00, you may elect to have your premiums deducted on a pre-tax basis.
 - Medical – Pre Tax
 - Dental - Pre Tax
 - Vision – Pre Tax

Healthcare Account

- If you want to contribute to the Healthcare Account, you may elect to have your contributions deducted on a pre-tax basis. Do you want to participate?
 - Yes – Plan Year Contribution Amount \$ _____ (\$1,250 Plan Year Limit)
 - No

You must use the entire amount that you elect by March 15, 2013 or the remaining funds will be forfeited.

Dependent Care Spending Account (Day Care Expenses only – YOU CANNOT USE FOR DEPENDENT MEDICAL EXPENSES)

- If you want to contribute to the Dependent Care Spending Account, you may elect to have your contributions deducted on a pre-tax basis. Do you want to participate?
 - Yes - Plan Year Contribution Amount \$ _____ (\$2,500 Plan Year Limit/\$1,250 if married and filing separately)
 - No

You must use the entire amount that you elect by March 15, 2013 or the remaining funds will be forfeited.

Important Information For Completing Enrollment:

- Enrollment is online at www.cbizesc.com/kckps. You must have your Employee ID to enroll. Please contact Human Resources to obtain your Employee ID.
- Your username to access the enrollment site is your **Employee ID** (refer to your pay stub).
- Your password is your **8-Digit Date of Birth** (i.e. 01011900).
- The Enrollment Website will be open for you to enroll until the last day of the month from the date coverage should begin (i.e. if your coverage starts March 1, you have until March 31 to complete your enrollment).
- If you are not able to get in the system at the end of your enrollment period, please contact the Benefits Office at 279-2274 immediately for instructions on completing your enrollment.
- If you do not complete enrollment (or contact for assistance) by the last day of the month in which you are eligible, you will not have benefits and not be eligible for benefits until the next Open Enrollment or until a Qualifying Event occurs.

Be sure to print both your election page AND your confirmation number as proof of your enrollment.