

# Anamosa Community Schools

## 2019-2020 Plan Election Form

### Effective July 1, 2019

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

I do not wish to make a plan change for the 2019-2020 plan year

**OR Check Plan Choice Below:**

Medical – Wellmark BCBS	<b>Copay Select 1500</b>	<b>Copay Select 2500</b>	<b>Blue Access 500</b>	<b>HDHP 2500 NE</b>
<input type="checkbox"/> I waive medical coverage				
Single	<input type="checkbox"/> \$555.96	<input type="checkbox"/> \$508.39	<input type="checkbox"/> \$553.35	<input type="checkbox"/> \$483.98
Family	<input type="checkbox"/> \$1,338.94	<input type="checkbox"/> \$1,220.01	<input type="checkbox"/> \$1,332.40	<input type="checkbox"/> \$1,158.19

Voluntary Dental – Delta Dental	<b>Preventive</b>	<b>Catastrophic</b>	<b>Comprehensive</b>
<input type="checkbox"/> I waive dental coverage			
Single	<input type="checkbox"/> \$10.00	<input type="checkbox"/> \$12.00	<input type="checkbox"/> \$22.00
Employee +1	<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$23.00	<input type="checkbox"/> \$43.00
Family	<input type="checkbox"/> \$38.00	<input type="checkbox"/> \$25.00	<input type="checkbox"/> \$63.00

Vision – Avesis Discount Card	<input type="checkbox"/> \$25.50 Employee Discount Card
<input type="checkbox"/> I waive vision coverage	

By signing this form, I confirm my enrollment in the plan(s) marked above effective July 1, 2019.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***If you are adding or deleting any dependents, you will also need to complete an application.***  
Forms should be completed and return to the Business Office by May 1st, 2019.