

SECTION 125 CAFETERIA BENEFIT PLAN

2024

EMPLOYEE ENROLLMENT AUTHORIZATION FORM

Employer North Central Fire Protection District		Job Title	Present Salary \$		
Employee's Last Name		First Name	Mid.	Phone#	
Employee's Address: (Reimbursement Checks will be sent to this address) Street		City	State	Zip	
Social Security Number	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Female <input type="checkbox"/> Married <input type="checkbox"/> Widowed		Hire Date	Hrs. Worked Weekly?
Are you paid: <input type="checkbox"/> Weekly (52/yr) <input checked="" type="checkbox"/> Semi Monthly (24/yr) <input type="checkbox"/> Other _____ <input type="checkbox"/> Bi-weekly (26/yr) <input type="checkbox"/> Monthly (12/yr)					

AUTHORIZATION FOR COVERAGE AND PARTICIPATION

I request the following amounts to be deducted from my salary **per pay period**, as follows:

Health Insurance Premiums	\$ _____	Day Care Expenses	\$ _____
Administration Fees	\$ _____	Medical Expenses	\$ _____

I certify the information above to be correct and true to the best of my knowledge. I authorize payroll deductions from my earnings for any contribution I am making toward the cost of any of the above. Applicable account(s) at the end of the plan year not used for eligible expenses incurred during the plan year will be forfeited in accordance with current plan provisions and tax laws. I further understand that the Section 125 Flexible Benefit Plan deductions(s) will be in effect for the plan year and cannot be revoked unless I experience a change in my family status as defined in the Plan Document.

Signature

Date

DECLINATION OF COVERAGE AND PARTICIPATION

I have been given the opportunity to participate in the above Section 125 Flexible Benefit Plan and have elected not to do so. If I later wish to enroll in this Plan, I understand that my eligibility and effective date will be determined according to Plan Document provisions elected by my Employer.

Signature

Date

**North Central Fire Protection District
Monthly Employee 20% Deduction**

Carrier	Coverage	Per paycheck deductions for the 2024 Employee 20% Portion								
		EE Only	EE Only / With (Single) D&V	EE Only / With (Fam) D&V	EE + 1 Dep	EE + 1 Dep / With (Single)D&V	EE + 1 Dep / With (fam)D&V	EE + Family	EE + Family /(fam) With D&V	
Blue Shield	Premium EPO	102.40	106.70	112.70	224.04	245.54	275.54	531.24	528.74	
Blue Shield	Premium PPO	106.93	111.23	117.23	269.30	218.16	320.80	590.08	641.58	
Blue Shield	Basic PPO	99.87	104.17	110.17	199.74	204.04	250.21	498.31	549.81	
Blue Shield	HSA PPO	92.91	97.21	103.21	185.82	190.12	196.12	407.84	407.84	
Kaiser	Premium HMO	90.94	95.24	101.24	180.95	185.25	191.25	374.77	426.27	
Kaiser	Basic HMO	82.03	86.33	92.33	163.12	167.42	173.42	258.85	310.35	

If you want to have your Health Premiums deducted before taxes, please complete the Flex 125 and use these amounts on the Health Insurance Premium line and sign the form. If you have any questions, please contact Finance. Thank you.