

APPENDIX A
TOWN OF CONWAY FLEXIBLE BENEFIT PLAN
BENEFIT ELECTION FORM – Plan Year 2017

SS#:
Name:

Department: Police
Address:

PART I. TOWN CONTRIBUTION FOR FULL TIME EMPLOYEES

Using the table below, calculate the amount of money that will be contributed by the Town toward your benefits. The calculation is established annually by the Police Commission and Union negotiation. Please note that open enrollment for health insurance is October 26, 2016 to November 23, 2016 for changes effective on January 1, 2017.

Coverage Level	If You Choose Medical	If You Waive Medical	If You Choose Dental	If You Waive Dental
Single	7,790	1250	189	100
2 Person	15,579	1250	189	100
Family	21,032	1250	189	100

- | | |
|--------------------------------------|--------------------------------------------------|
| a. Medical Contribution | a. _____ |
| b. Dental Contribution | b. _____ |
| c. Long Term Disability Contribution | c. Paid by the Town of Conway |
| d. Life Insurance Contribution | d. Paid by the Town of Conway |
| e. Total Town Contribution | e. _____ (Add lines a and b. Also enter on line) |

PART II. YOUR BENEFIT CHOICES: Circle the benefit plans you wish to participate in this plan year and write the costs on the lines to the right. If you waive coverage in any of the sections, write WAIVE or \$ -0- on the lines. .

1. Medical Insurance Coverage Options 1. \$ _____

	<u>Single</u>	<u>2 Person</u>	<u>Family</u>
a. BC2T10 (01) RX10/20/45	9,976	19,953	26,936
b. BC2T10 (01) R3/15 M3/7	10,386	20,772	28,043
c. AB15IPED (01)RX10/20/45	8,677	17,353	23,427

2. Dental Insurance Coverage Options.. 2. \$ _____

	<u>Single</u>	<u>2 Person</u>	<u>Family</u>
a. Low Dental Plan	189	369	726
b. Mid Dental Plan	513	987	1,740
c. High Dental Plan	533	1,031	1,876

3. Long Term Disability Coverage 3. \$ -0-

The Town of Conway pays 100% of the cost of coverage,

4. Term Life Insurance Coverage 4. \$ -0-

The Town of Conway pays for \$40,000 of Term Life Insurance coverage.

5. Dependent Term Life Insurance Coverage 5. \$ _____

If you wish to buy life insurance coverage on your spouse, write the cost on line 5. This amount is only charged once per year.

a. \$5,000 Spousal Term Life Annual Cost: \$13.56

b. Waive Spousal Term Life Cost \$0.00

6. Health Care Reimbursement Account 6. \$ _____

Enter the amount you want to deposit pre-tax for the Plan Year for professional medical / dental / vision / care expenses you expect to incur in the year 2017 or yourself / spouse / children which will not be reimbursed by insurance. Minimum contribution is \$100. Maximum Contribution is 2,600. Enter \$0.00 if you do not wish to contribute toward this benefit.

7. Dependent Care Reimbursement Account 7. \$ _____

Enter the amount you want to deposit pre-tax for the plan year for the dependent care expenses you incur, which allow you and your spouse (if applicable) to be gainfully employed.

Minimum contribution is \$400. Maximum contribution is \$5,000 if you are single, or married filing jointly. Maximum contribution is \$2,500 if you are married filing separately. Enter \$0.00 if you do not want to contribute toward this benefit.

8. Total of Benefit Costs (add lines 1 through 7) 8. \$ _____

9. Total Town of Conway Contribution (From part I, line e). 9. \$ _____

10. Total Employee Cost / Cash Back (Line 8 minus line 9) 10. \$ _____

PART III. SECTION 125 ELECTION – Please indicate how you wish to pay for your benefit choices by signing the appropriate line.

I wish to pay my contribution towards by benefit PRE-TAX _____

I wish to pay my contribution towards my benefits AFTER-TAX _____

I UNDERSTAND THAT:

The choices I have indicated above will stay in effect until December 31, 2017 unless I have a qualifying change in family status. If selecting the health insurance buy-out, I am certifying that I have health insurance coverage through some other means.

My choice to pay contribution pre-tax will reduce my taxable wages as reported to the IRS and Social Security.

Signature: _____ Date: _____
Employee

Accepted by: _____ Date: _____
Employer

FOR ADMINISTRATION ONLY

Payroll Adjustment: Pre-tax salary reduction: _____/year, _____/ pay period
After-tax salary reduction: _____/year, _____/ pay period
Cash back contribution: _____/year, _____/ pay period