



2022 Benefits Open Enrollment Form

Please complete this enrollment form and return **to Human Resources**
All benefits are subject to the 2022 employee contribution schedule.

Employee Name:	Department:	Date of Birth:
Reason for Enrollment: New Hire Enrollment		Date:

Part 1 Health & Vision Plan Election						
Medical Coverage <i>*Contribution: Check one box to indicate your election</i>						
Plan	2022 Cost per hour					
	Employee Only		Two Person		Family	
Plan A	\$5.25	<input type="checkbox"/>	\$12.59	<input type="checkbox"/>	\$15.78	<input type="checkbox"/>
Plan B	\$4.00	<input type="checkbox"/>	\$9.57	<input type="checkbox"/>	\$12.00	<input type="checkbox"/>
Plan C (Please complete HSA portion below as well)	\$3.45	<input type="checkbox"/>	\$8.26	<input type="checkbox"/>	\$10.36	<input type="checkbox"/>
Plan D	\$2.96	<input type="checkbox"/>	\$7.08	<input type="checkbox"/>	\$8.89	<input type="checkbox"/>
Waive Medical (Must complete Waiver of Coverage Form)	<input type="checkbox"/> I certify that I have been given an opportunity to apply for coverage for myself and my eligible dependents if any. I am choosing to voluntarily decline enrollment for 2022					

Part 2 Dental Plan Election						
Medical Coverage <i>*Contribution: Check one box to indicate your election</i>						
Plan	2022 Cost per hour					
	Employee Only		Two Person		Family	
Dental Plan	\$6.54	<input type="checkbox"/>	\$13.50	<input type="checkbox"/>	\$22.96	<input type="checkbox"/>
Waive Dental	<input type="checkbox"/> I am declining Dental Coverage for 2022					

Part 3 Dependents (only complete if you are adding or deleting dependents)

Spouse and Eligible Dependents		Complete all information			
Name (Indicate last name if different)	Social Security Number	Date of Birth (MM/DD/YY)	Relationship	Add or Delete (A or D)	Reason for Adding or Deleting

Part 4 Health Savings Account

Health Savings Account 2022 Contribution Information:	Maximum: \$3,650 Single / \$7,300 Family (Catch up for participants over age 55 for both Single and Family: \$1,000)		
Options (Single or Family):	Total Contribution Amount for 1/1/2022-12/31/2022	# of pay periods to deduct	Deduction per Pay Period
I authorize my employer to make payroll deductions from my salary in the amount indicated for deposit into my Health Savings Account maintained at Health Equity for the 2022 Plan Year (1/1/2022-12/31/2022)			
<input type="checkbox"/> I do not desire a payroll deduction, and understand without an employee contribution I will waive my ability to receive the \$500 Employer Match			

There will be an Open Enrollment each year for changes in your health care benefit electives effective January 1, 2022. A change in status may enable you to change your benefit elections during the year. I understand the above terms and wish to enroll (or waive) coverage as outlined above. I hereby agree to participate in the Section 125 (Premium Only) Plan offered by Action Traffic Maintenance, Inc. thereby having my Insurance Premium or Health Savings Account (HSA) Contributions deducted on a pre-tax basis. I understand and approve of a payroll deduction in accordance with the stated 2022 contribution schedule and my election to participate/waive participation in the Section 125 Program as detailed in the Section 125 (Premium Only) Plan. I have read and understood the benefit plan documents prior to making my elections. I also understand that once made, Elections are irrevocable for the remainder of the Plan Year except in accordance with conditions described in the Plan Document.

By affixing my signature below, I certify that I have examined the Agreement and understand and agree to comply with the terms of the Plan.

Employee Name: _____
(Please Type or Print)

Employee Signature: _____

Date: _____

Employer Authorized Signature: _____

Date: _____