



# 2023 Benefits Open Enrollment Form

*All benefits are subject to the 2023 employee contribution schedule.*

<b>Employee Name:</b>	<b>Department:</b>	<b>Date of Birth:</b>
<b>Reason for Enrollment:</b> New Hire		<b>Date:</b>

## Part 1 Health & Vision Plan Election

<b>Medical Coverage</b>		<i>*Contribution: Check one box to indicate your election</i>			
	<b>2023 Cost per week</b>				
<b>Plan</b>	<b>Employee Only</b>		<b>Two Person</b>		<b>Family</b>
<b>Plan A</b>	\$133.59	<input type="checkbox"/>	\$320.19	<input type="checkbox"/>	\$401.11 <input type="checkbox"/>
<b>Plan B</b>	\$101.49	<input type="checkbox"/>	\$243.15	<input type="checkbox"/>	\$304.81 <input type="checkbox"/>
<b>Plan C</b> (Please complete HSA portion below as well)	\$87.72	<input type="checkbox"/>	\$210.10	<input type="checkbox"/>	\$263.49 <input type="checkbox"/>
<b>Plan D</b>	\$75.26	<input type="checkbox"/>	\$180.21	<input type="checkbox"/>	\$226.13 <input type="checkbox"/>
<b>Waive Medical</b> (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 2023				

## Part 2 Dental Plan Election

<b>Dental Coverage</b>		<i>*Contribution: Check one box to indicate your election</i>			
	<b>2023 Cost per week</b>				
<b>Plan</b>	<b>Employee Only</b>		<b>Two Person</b>		<b>Family</b>
<b>Dental Plan- Plan 1</b>	\$6.24	<input type="checkbox"/>	\$12.87	<input type="checkbox"/>	\$21.90 <input type="checkbox"/>
<b>Dental Plan- Plan 2</b> includes ortho for dependents under 19	\$9.60	<input type="checkbox"/>	\$20.32	<input type="checkbox"/>	\$38.74 <input type="checkbox"/>
<b>Waive Dental</b>	<input type="checkbox"/> I am declining Dental Coverage for 2023				

**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 2023 Contribution Information:		Maximum: \$3,850 Single / \$7,750 Family (Catch up for participants over age 55 for both Single and Family: \$1,000)	
Options (Single or Family):	Total Contribution Amount for 1/1/2023-12/31/2023	# 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 2023 Plan Year (1/1/2023-12/31/2023)			
<input type="checkbox"/> I do not desire a payroll deduction, and understand that without an employee contribution, I will waive my ability to receive the \$750 Employer Match.			

There will be an Open Enrollment each year for changes in your health care benefit electives effective January 1, 2023. 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 2023 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: \_\_\_\_\_

