BENEFIT ELECTION FORM

FOR THE PERIOD JANUARY 1, 2024 – DECEMBER 31, 2024

(DEDUCTIONS WILL BEGIN ON DECEMBER 8, 2023 for new health premiums)

In making elections for insurance coverage(s) for the 2024 calendar year, I understand the monthly premiums are paid the month prior to coverage for health insurance. I also understand the appropriate employee share of premiums will be deducted from my paycheck. When making plan elections, I understand that it is still necessary to complete the *Enrollment Form*. The deadline for turning enrollment forms into the corporation is **11/29/2023**.

**DECLINE BENEFITS**:

 \_\_\_I decline **dental** insurance thru SDCSC

 \_\_\_I decline **vision** insurance thru SDCSC

 \_\_\_I decline **health** insurance thru SDCSC

**DENTAL INSURANCE:**

 \_\_\_I want to enroll/stay enrolled in the SINGLE dental insurance plan.

 \_\_\_I want to enroll/stay enrolled in the FAMILY dental insurance plan.

**VISION INSURANCE:**

 \_\_\_I want to enroll/stay enrolled in the SINGLE vision insurance plan.

 \_\_\_I want to enroll/stay enrolled in the FAMILY vision insurance plan.

**HEALTH INSURANCE:**

 I want to enroll/stay enrolled in Employee Only PPO HDHP1 HDHP2

 Employee/Child PPO HDHP1 HDHP2

 Employee/Spouse PPO HDHP1 HDHP2

 Family PPO HDHP1 HDHP2

PRINT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_