

**PENNSBURY SCHOOL DISTRICT  
 CERTIFIED/PROFESSIONAL/ADMINISTRATOR/FIRST LEVEL SUPERVISOR STAFF  
 OPEN ENROLLMENT FORM (26 PAYS) – BENEFIT PERIOD 07/01/2023 to 6/30/2024**

Employee Name: \_\_\_\_\_

EID: \_\_\_\_\_

Please fill in the box next to each coverage in which you would like to enroll. The amount is the employee cost listed on a PER-PAY basis for employees paid over a 12-month period (26 pays).

- I am electing Medical and/or RX coverage
- Waiving Medical and/or RX coverage – I understand that I need to complete the Waiver form to receive the stipend.

Medical Plans:	Single	Parent/Child	Parent/Children	Employee/Spouse	Family
PPO 20/40	<input type="checkbox"/> \$ 37.43	<input type="checkbox"/> \$ 57.91	<input type="checkbox"/> \$ 81.66	<input type="checkbox"/> \$ 86.39	<input type="checkbox"/> \$ 111.18
PPO 10/20	<input type="checkbox"/> \$ 51.09	<input type="checkbox"/> \$ 78.70	<input type="checkbox"/> \$ 111.37	<input type="checkbox"/> \$ 117.83	<input type="checkbox"/> \$ 151.37
QPOS 30/40 <b>Primary Care</b> <b>Physician #</b> _____	<input type="checkbox"/> \$ 32.03	<input type="checkbox"/> \$ 49.73	<input type="checkbox"/> \$ 69.91	<input type="checkbox"/> \$ 73.96	<input type="checkbox"/> \$ 95.32
PPO 20/20	<input type="checkbox"/> \$ 50.66	<input type="checkbox"/> \$ 77.96	<input type="checkbox"/> \$ 110.43	<input type="checkbox"/> \$ 116.82	<input type="checkbox"/> \$ 150.01

Prescription Plan:	Single	Parent/Child	Parent/Children	Employee/Spouse	Family
RX 15/30/50	<input type="checkbox"/> \$ 9.60	<input type="checkbox"/> \$ 14.53	<input type="checkbox"/> \$ 20.88	<input type="checkbox"/> \$ 22.10	<input type="checkbox"/> \$ 28.17

- I am electing Dental coverage
- Waiving Dental coverage

Dental Plans:	Single	Parent/Child	Parent/Children	Employee/Spouse	Family
UCCI Dental FLEX (PPO)	<input type="checkbox"/> \$ 1.67	<input type="checkbox"/> \$ 4.58	<input type="checkbox"/> \$ 4.58	<input type="checkbox"/> \$ 4.58	<input type="checkbox"/> \$ 4.58
UCCI Dental PLUS (DHMO)	<input type="checkbox"/> \$ 1.34	<input type="checkbox"/> \$ 3.87	<input type="checkbox"/> \$ 3.87	<input type="checkbox"/> \$ 3.87	<input type="checkbox"/> \$ 3.87
Delta Dental Premier Plan	<input type="checkbox"/> \$ 5.69	<input type="checkbox"/> \$ 14.20	<input type="checkbox"/> \$ 14.20	<input type="checkbox"/> \$ 14.20	<input type="checkbox"/> \$ 14.20

Dependents:	Name	Social Security Number	Birth Date	Sex
Spouse	_____	_____	_____	_____
Dependent	_____	_____	_____	_____
Dependent	_____	_____	_____	_____
Dependent	_____	_____	_____	_____
Dependent	_____	_____	_____	_____

**Authorization:**

I authorize the above selections and pre-tax contributions listed on this form until 6/30/2024. If I have not selected medical coverage, I certify that I have adequate medical coverage for myself and my dependents elsewhere. I agree that if I lose my medical coverage, I will notify the Human Resource office within 30 days from the loss of coverage date and will enroll in a Pennsbury plan. If for any reason, I waive medical coverage and as a result, incur any medical expenses that are uncovered, I recognize that these expenses may be my or my family’s personal obligation. I agree that if I have a life event (marriage, death, birth of a child, divorce or loss of coverage), I will notify the Pennsbury Human Resource office within 30 days if I wish to change my elections. I understand that certain benefits require insurance applications and if I do not complete the required forms I will not be covered by those benefits. The plan administrator will correct any calculation error made on this form; however, elections made on this form, despite any calculation errors, will be deemed to be authorized by myself.

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Benefit Deductions will be made on a pre-tax basis unless directed otherwise. Please indicate here if you do not want your deduction to be on a pre-tax basis for the applicable savings: \_\_\_\_\_ I do not want my benefit deductions taken on a pre-tax basis but on an after tax basis.