

COMMUNITY ACTION COMMITTEE OF PIKE COUNTY ELECTION FORM FOR HEALTH INSURANCE BENEFITS

I am currently enrolled in the agency health coverage and would like to:

- Continue receiving current insurance
- Change plans (please check which plan you will change to below and contact Lori in HR)
 - Max Option
 - Basic Option
- Employee EE/Child
- EE/Spouse Family

I DO NOT have agency health insurance but would like to sign up

- Max Option
- Basic Option
- Employee EE/Child
- EE/Spouse Family

Max Plan

Employee	\$ 94.89
EE/Spouse	\$ 197.15
EE/Child	\$ 182.40
Family	\$ 263.49

Basic Plan

Employee	\$ 21.74
EE/Spouse	\$ 45.63
EE/Child	\$ 41.28
Family	\$ 65.18

Amount is per pay

Elect not to participate in CAC of Pike County Health Insurance

I understand the difference in the options offered to me by CAC of Pike County

Employee Signature

Date

Print Name

Office Use Only

- Employee EE/Child Max Plan
- EE/Spouse Family Basic Plan
- New Enrollment

Date: _____