





Taylor Transportation, Inc. d/b/a Taylor Express Payroll Deduction

SECTION 125 ELECTION FORM 2020

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

TERMINAL: \_\_\_\_\_

HEALTH- CAREFIRST BC/BS

SILVER

NON TOBACCO USER

Individual (H13) \$40.00/BI-WEEKLY
Employee/Child(Ren) (H15) \$209.59/BI-WEEKLY
Employee/Spouse \$209.59/BI-WEEKLY
Family \$285.44/BI-WEEKLY

TOBACCO USER

Individual (H9) \$44.00/BI-WEEKLY
Employee/Child(Ren) (H11) \$230.55/BI-WEEKLY
Employee/Spouse \$230.55/BI-WEEKLY
Family \$313.98/BI-WEEKLY

GOLD

NON TOBACCO USER

Individual (H21) \$74.66/BI-WEEKLY
Employee/Child(Ren) (H23) \$349.32/BI-WEEKLY
Employee/Spouse \$349.32/BI-WEEKLY
Family \$475.73/BI-WEEKLY

TOBACCO USER

Individual (H17) \$82.13/BI-WEEKLY
Employee/Child(Ren) (H19) \$384.25/BI-WEEKLY
Employee/Spouse \$384.25/BI-WEEKLY
Family \$523.30/BI-WEEKLY

WAIVE HEALTH COVERAGE [ ]

I HAVE OTHER HEALTH COVERAGE \_\_\_YES \_\_\_NO

DENTAL- METLIFE

CORE PLAN - OPTION 1

Individual \$0.00/BI-WEEKLY
Employee/Child(Ren) \$10.19/BI-WEEKLY
Employee & Spouse \$8.23/BI-WEEKLY
Family \$19.65/BI-WEEKLY
Waive \$0.00/BI-WEEKLY

ENHANCED PLAN- OPTION 2

Individual \$5.85/BI-WEEKLY
Employee/Child(Ren) \$25.80/BI-WEEKLY
Employee & Spouse \$18.98/BI-WEEKLY
Family \$41.31/BI-WEEKLY
Waive \$0.00/BI-WEEKLY

OR

I HAVE OTHER DENTAL COVERAGE \_\_\_YES \_\_\_NO

\*\*PLEASE NOTE YOU MAY ONLY WAIVE WITH PROOF OF OTHER COVERAGE

VISION- SUPERIOR

Individual (V1) \$0/BI-WEEKLY
Employee + One (V2) \$1.52/BI-WEEKLY
Emp + Two or More (V4) \$2.66/BI-WEEKLY
Waive \$0.00/BI-WEEKLY

I HAVE OTHER VISION COVERAGE \_\_\_YES \_\_\_NO

\*\*PLEASE NOTE YOU MAY ONLY WAIVE WITH PROOF OF OTHER COVERAGE

This election form revokes any prior election form completed and will remain in effect and cannot be revoked or changed during the plan year unless the revocation and new elections are on account of and consistent with a change in family status (i.e. marriage, divorce, death of a spouse or child, birth or adoption of a child and termination of employment of a spouse). Participation in this plan with automatically cease with the termination of the employee's employment.

I understand that the selection of the insurance benefit and the indication that a premium is to be paid does not necessarily include me in the insurance portions of this program, that the premium for the contract selected may be adjusted by the insurance company issuing the contract and, in most instances, an application for insurance must also be completed. I also understand that should the premiums for the contract selected be the adjusted by the company, my income will be reduced or increase as necessary to pay for the premium under the terms of the Section 125 Flexible Benefit Plan.

I understand the coverage of which I am applying will take effect on \_\_\_\_\_ provided the policy has been issued as applied for. Benefits will not be payable prior to this date.

Deductions, unless otherwise noted, will be deducted on a pre-tax basis.

If you wish to have deductions taken post-tax please check: \_\_\_Post-tax

Signature:

Date:

\_\_\_\_\_

\_\_\_\_\_