

CLACKAMAS COUNTY
SOIL & WATER CONSERVATION DISTRICT
BENEFITS SELECTION FORM

FULL TIME EMPLOYEES (30+ HOURS PER WEEK)
 PLAN YEAR: JANUARY 1, 2012 - DECEMBER 31, 2012

NEW ENROLLMENT FAMILY STATUS CHANGE OPEN ENROLLMENT

EFFECTIVE DATE
/ / 2012

EMPLOYEE NAME (Last, First, MI)		EMPLOYEE ID#
DEPARTMENT/DIVISION		SOCIAL SECURITY #
STATUS Check all that apply:	<input type="checkbox"/> Single <input type="checkbox"/> Single w/child(ren) <input type="checkbox"/> Married) <input type="checkbox"/> Family <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Domestic Partner w/ child(ren)	BIRTHDATE
<input type="checkbox"/> PLEASE CHECK THIS BOX IF YOUR SPOUSE OR DOMESTIC PARTNER WORKS FOR CLACKAMAS COUNTY <input type="checkbox"/> PLEASE CHECK THIS BOX IF YOU ARE ADDING OR DROPPING ANY FAMILY MEMBERS		

MEDICAL	EMPLOYEE ONLY	EMPLOYEE & SPOUSE/DP	EMPLOYEE & CHILD(REN)	EMPLOYEE & FAMILY
Providence – Open Option (100112-A008)	Monthly Cost: <input type="checkbox"/> \$ 58.30	<input type="checkbox"/> \$ 116.61	<input type="checkbox"/> \$ 104.94	<input type="checkbox"/> \$174.91
Providence – Personal Option (100112-A007)	Monthly Cost: <input type="checkbox"/> \$ 56.91	<input type="checkbox"/> \$ 113.82	<input type="checkbox"/> \$ 102.43	<input type="checkbox"/> \$170.72
Kaiser (1183-040-AE)	Monthly Cost: <input type="checkbox"/> \$ 54.36	<input type="checkbox"/> \$ 108.71	<input type="checkbox"/> \$ 97.84	<input type="checkbox"/> \$163.06

MEDICAL OPT OUT PROVISION	
Insurance Company:	Group Name:
Primary Insured:	Group #:

DENTAL	EMPLOYEE ONLY	EMPLOYEE & SPOUSE	EMPLOYEE & CHILD(REN)	EMPLOYEE & FAMILY
Kaiser (1183-043-AE)	Monthly Cost: <input type="checkbox"/> \$ 7.61	<input type="checkbox"/> \$ 15.07	<input type="checkbox"/> \$ 10.51	<input type="checkbox"/> \$18.04
ODS Incentive (10000174-0001-0003)	Monthly Cost: <input type="checkbox"/> \$ 7.00	<input type="checkbox"/> \$ 14.20	<input type="checkbox"/> \$ 10.00	<input type="checkbox"/> \$ 17.10
ODS Preventive (10000174-0001-0003)	Monthly Cost: <input type="checkbox"/> \$ 6.70	<input type="checkbox"/> \$ 13.40	<input type="checkbox"/> \$ 9.60	<input type="checkbox"/> \$ 16.30
ODS 50% Plan (10000174-0001-0003)	Monthly Cost: <input type="checkbox"/> \$ 3.30	<input type="checkbox"/> \$ 6.60	<input type="checkbox"/> \$ 4.60	<input type="checkbox"/> \$ 7.80

Disability Insurance - Salary up to \$3333.00	
Short-Term Rate per \$100 Salary	<input type="checkbox"/> \$ 0.16
Long-Term Rate per \$100 Salary	<input type="checkbox"/> \$ 0.38

LIFE INSURANCE		
Employee Life – \$50,000	Monthly Cost:	<input type="checkbox"/> \$ 0.00
Family Life - \$5,000 (OPTIONAL)	Monthly Cost:	<input type="checkbox"/> \$ 2.66

AUTHORIZATION	
I authorize Clackamas County Soil & Water Conservation District to deduct from my paycheck the amounts necessary each month for the plan choices I have selected. I understand that these premium rates may increase or decrease in future plan years and that the District will notify me of any premium changes prior to the annual open enrollment period. I also understand that my selections can be changed during a plan year only in the event of a qualifying family status change or during the open enrollment period.	
Signature _____	Date _____

BENEFITS USE ONLY:

EAP	ADMIN						
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