



## School District of Greenfield Benefit Enrollment Form 2017-2018

### Employee Information

Last Name, First Name, Middle Initial: \_\_\_\_\_  
 SS#: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Marital Status:  Single  Married Home Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

| Health Insurance: <i>Election or Waiver Required (EMPLOYEE PAYS % OF PREMIUM)</i>  |
|--|
| <input type="checkbox"/> <b>NO CHANGES - CURRENTLY ENROLLED - No further information required</b>  |
| <input type="checkbox"/> <b>I WISH TO WAIVE MEDICAL COVERAGE FOR MYSELF &amp; MY DEPENDENTS</b>  |
| <input type="checkbox"/> <b>ENROLL or CHANGE in ENROLLMENT</b>   |
| <input type="checkbox"/> <b>Employee Only</b>  |
| <input type="checkbox"/> <b>Family - Please complete Dependent information on other side. DEPENDENTS THAT ARE 26 OR OLDER DO NOT QUALIFY</b> |

| Dental Insurance: <i>Election or Waiver Required (EMPLOYER PAYS PREMIUM)</i>                      |
|---|
| <input type="checkbox"/> <b>NO CHANGES – CURRENTLY ENROLLED - No further information required</b> |
| <input type="checkbox"/> <b>I WISH TO WAIVE DENTAL COVERAGE FOR MYSELF &amp; MY DEPENDENTS</b>    |
| <input type="checkbox"/> <b>ENROLL or CHANGE in ENROLLMENT</b>                                    |
| <input type="checkbox"/> <b>Employee Only</b>   |
| <input type="checkbox"/> <b>Family - Complete Dependent information on other side.</b>            |

| Voluntary Vision Insurance: <i>Election or Waiver Required (EMPLOYEE PAYS PREMIUM)</i>            |
|---|
| <input type="checkbox"/> <b>NO CHANGES - CURRENTLY ENROLLED - No further information required</b> |
| <input type="checkbox"/> <b>I WISH TO WAIVE VISION COVERAGE FOR MYSELF &amp; MY DEPENDENTS</b>    |
| <input type="checkbox"/> <b>ENROLL or CHANGE in ENROLLMENT</b>                                    |
| <input type="checkbox"/> <b>Employee Only</b>   |
| <input type="checkbox"/> <b>Family - Complete Dependent information on other side.</b>            |

| Section 125 FSA Plan   |
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| <p>Through our Section 125 plan, School District of Greenfield deducts your portion of medical and/or dental and/or voluntary vision premiums from your paycheck on a pre-tax basis. In addition, you are eligible for participation in a flexible spending account (FSA). The FSA allows the employee to set aside pre-tax wages for qualified medical expenses or dependent care. The amount set aside must be determined in advance and employees <b>LOSE</b> unclaimed funds at year end. Pre-tax deductions for these coverages will be in equal amounts each pay period (<b>Teachers and 10 month employees = 20 FSA deductions per year; year-round employees = 24 FSA deductions per year</b>). Enrollment to be done online at <a href="http://www.dbsbenefits.com">www.dbsbenefits.com</a>. <b>The deadline to enroll is 6/23/2017</b></p> |

**Dependent Information:**

**Spouse** Last Name, First Name, Middle Initial: \_\_\_\_\_ Add Terminate  
SS#: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_  
**Enrollment in:**  Health  Dental  Vision

**Child #1:** Last Name, First Name, Middle Initial: \_\_\_\_\_ Add Terminate  
SS#: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_  
**Enrollment in:**  Health  Dental  Vision

**Child #2:** Last Name, First Name, Middle Initial: \_\_\_\_\_ Add Terminate  
SS#: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_  
**Enrollment in:**  Health  Dental  Vision

**Child #3:** Last Name, First Name, Middle Initial: \_\_\_\_\_ Add Terminate  
SS#: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_  
**Enrollment in:**  Health  Dental  Vision

**Child #4:** Last Name, First Name, Middle Initial: \_\_\_\_\_ Add Terminate  
SS#: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_  
**Enrollment in:**  Health  Dental  Vision

**Child #5:** Last Name, First Name, Middle Initial: \_\_\_\_\_ Add Terminate  
SS#: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_  
**Enrollment in:**  Health  Dental  Vision

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May is the 'open enrollment' period for all of our benefit plans. This is the designated timeframe when you can make enrollment changes that have a July 1, 2017 effective date. Please carefully review this important information with your family so that you can make fully-informed decisions about your group insurance coverage.

The open enrollment period is the only time of the year that changes can be made to your group plan elections (medical, dental, voluntary vision and flexible spending account) without a Qualifying Life Event. A Qualifying Life Event is generally defined by the IRS as a birth or death of a dependent, marriage or divorce, change or loss of your or your spouse's employment, or loss of other group insurance coverage. You must notify School District of Greenfield within 30 days of any qualifying life event which will affect your benefit elections. (Please note that additional documentation will be required). **All forms are due to Debbie Ehemann by June 2, 2017.**

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**Employee Signature**

**Date**

***FOR ADMIN USE ONLY***

**Eligible for Insurance Coverage:**  Yes  No

Hire Date: \_\_\_\_\_ Benefits Effective Date: \_\_\_\_\_