

Crook County Payroll Deduction 2021 / 2022

Employee Name _____

Effective Date of Change _____

Medical and Vision - PacificSource									
	Monthly Pre-Tax Premium	Monthly Post-Tax Premium		Monthly Pre-Tax Premium	Monthly Post-Tax Premium		Monthly HRA Contribution		Monthly HSA Contribution
Voyager \$1500 Deductible			Voyager \$3000 Deductible			Navigate \$3000 Deductible		Navigate HSA \$2000 Deductible	
<input type="checkbox"/> Employee Only	\$82.32	\$0.00	<input type="checkbox"/> Employee Only	\$17.67	\$0.00	<input type="checkbox"/> Employee Only	(\$35.60)	<input type="checkbox"/> Employee Only	(\$69.19)
<input type="checkbox"/> Employee & Spouse	\$179.86	\$0.00	<input type="checkbox"/> Employee & Spouse	\$38.60	\$0.00	<input type="checkbox"/> Employee & Spouse	(\$77.78)	<input type="checkbox"/> Employee & Spouse	(\$151.17)
<input type="checkbox"/> Employee, Spouse and Child(ren)	\$201.28	\$0.00	<input type="checkbox"/> Employee & Family	\$43.20	\$0.00	<input type="checkbox"/> Employee & Family	(\$87.04)	<input type="checkbox"/> Employee & Family	(\$169.17)
<input type="checkbox"/> Employee & Child(ren)	\$137.49	\$0.00	<input type="checkbox"/> Employee & Child(ren)	\$29.51	\$0.00	<input type="checkbox"/> Employee & Child(ren)	(\$59.46)	<input type="checkbox"/> Employee & Child(ren)	(\$115.56)
<input type="checkbox"/> Waiving Medical	(\$125.00)		<input type="checkbox"/> Waiving Medical	(\$125.00)		<input type="checkbox"/> Waiving Medical	(\$125.00)	<input type="checkbox"/> Waiving Medical	(\$125.00)
Please use the below options if you are covering a Domestic Partner									
<input type="checkbox"/> Employee & DP	\$82.32	\$97.54	<input type="checkbox"/> Employee & DP	\$17.67	\$20.93	<input type="checkbox"/> Employee & DP	(\$77.78)	<input type="checkbox"/> Employee & DP	(\$151.17)
<input type="checkbox"/> Employee, DP and Child(ren)	\$137.49	\$63.79	<input type="checkbox"/> Employee, DP and Child(ren)	\$29.51	\$13.69	<input type="checkbox"/> Employee, DP and Child(ren)	(\$87.04)	<input type="checkbox"/> Employee, DP and Child(ren)	(\$169.17)
<input type="checkbox"/> Employee, DP and DP's Child(ren)	\$82.32	\$118.96	<input type="checkbox"/> Employee, DP and DP's Child(ren)	\$17.67	\$25.53	<input type="checkbox"/> Employee, DP and DP's Child(ren)	(\$87.04)	<input type="checkbox"/> Employee, DP and DP's Child(ren)	(\$169.17)
<input type="checkbox"/> Employee and DP's Child(ren)	\$82.32	\$55.17	<input type="checkbox"/> Employee and DP's Child(ren)	\$17.67	\$11.84	<input type="checkbox"/> Employee and DP's Child(ren)	(\$59.46)	<input type="checkbox"/> Employee and DP's Child(ren)	(\$115.56)

If you would like to make plan or enrollment changes, please complete the forms below:

1. Plan Selection Form - if you would like to elect a new plan in 2021
2. Employee/Dependent Enrollment Application - if you would like to enroll or drop spouse/dependent coverage, or waive coverage
** If you are waiving, please complete sections 5 and 7
3. If you enrolled in the Navigate \$3000 Deductible or Navigate HSA \$2000 plan for the first time in 2021, please also complete the BPAS enrollment form

Dental - Moda					
	Monthly Pre-Tax Premium	Monthly Post-Tax Premium		Monthly Pre-Tax Premium	Monthly Post-Tax Premium
<input type="checkbox"/> Employee Only	\$5.06	\$0.00	<input type="checkbox"/> Employee & DP	\$0.00	\$10.02
<input type="checkbox"/> Employee & Spouse	\$10.02	\$0.00	<input type="checkbox"/> Employee, DP and Child(ren)	\$11.72	\$5.46
<input type="checkbox"/> Employee & Family	\$17.18	\$0.00	<input type="checkbox"/> Employee, DP and DP's Child(ren)	\$0.00	\$17.18
<input type="checkbox"/> Employee & Child(ren)	\$11.72	\$0.00	<input type="checkbox"/> Employee and DP's Child(ren)	\$0.00	\$11.72

Flexible Spending Account - PacificSource Administrators		
	Election per pay period	Annual Election
Dependent Care	\$ _____	\$ _____
Health Flexible Spending	\$ _____	\$ _____

Required Forms: FSA Enrollment Form

Health Savings Account - BPAS (Must be enrolled in the Navigator HSA \$2000)		
Additional Employee Contribution		
	Election per pay period	Annual Election
Note: Amount listed here is a pre-tax employee payroll contribution and will be in addition to the contribution made by Crook County. Not required	\$ _____	\$ _____

Required Forms: BPAS HSA Enrollment Form

Additional Option Coverages		
MASA Emergency Transport	Platinum <input type="checkbox"/>	___ \$19.50 per pay period
	Emergent Plus <input type="checkbox"/>	___ \$7.00 per pay period
	Emergent <input type="checkbox"/>	___ \$4.50 per pay period

Required Forms: MASA Enrollment Form

Supplement Life - United Heritage	
Election Amount	Monthly Payroll
\$ _____	\$ _____

Required Forms: United Heritage Supplement Life Enrollment Form

AFLAC	
<input type="checkbox"/>	Elect
<input type="checkbox"/>	Waive

Required Forms: Agent will provide required forms

I agree to have the above amounts deducted from my paycheck and have completed the appropriate applications or waivers.

Signature: _____

Date: _____