

Crook County - Sheriff Payroll Deduction 2021 / 2022

Employee Name _____

Effective Date of Change _____

Medical and Vision - PacificSource					
Voyager \$1500 Deductible			Voyager \$3000 Deductible		
	Monthly Pre-Tax Premium	Monthly Post-Tax Premium		Monthly Pre-Tax Premium	Monthly Post-Tax Premium
<input type="checkbox"/> Employee Only	\$82.32	\$0.00	<input type="checkbox"/> Employee Only	\$75.86	\$0.00
<input type="checkbox"/> Employee & Spouse	\$179.86	\$0.00	<input type="checkbox"/> Employee & Spouse	\$165.74	\$0.00
<input type="checkbox"/> Employee, Spouse and Child(ren)	\$201.28	\$0.00	<input type="checkbox"/> Employee & Family	\$185.47	\$0.00
<input type="checkbox"/> Employee & Child(ren)	\$137.49	\$0.00	<input type="checkbox"/> Employee & Child(ren)	\$126.69	\$0.00
<input type="checkbox"/> Waiving Medical		(\$125.00)	<input type="checkbox"/> Waiving Medical		(\$125.00)
<i>Please use the below options if you are covering a Domestic Partner</i>					
<input type="checkbox"/> Employee & DP	\$82.32	\$97.54	<input type="checkbox"/> Employee & DP	\$75.86	\$89.88
<input type="checkbox"/> Employee, DP and Child(ren)	\$137.49	\$63.79	<input type="checkbox"/> Employee, DP and Child(ren)	\$126.69	\$58.78
<input type="checkbox"/> Employee, DP and DP's Child(ren)	\$82.32	\$118.96	<input type="checkbox"/> Employee, DP and DP's Child(ren)	\$75.86	\$109.61
<input type="checkbox"/> Employee and DP's Child(ren)	\$82.32	\$55.17	<input type="checkbox"/> Employee and DP's Child(ren)	\$75.86	\$50.83

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

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	\$5.06	\$4.96
<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)	\$5.06	\$12.12
<input type="checkbox"/> Employee & Child(ren)	\$11.72	\$0.00	<input type="checkbox"/> Employee and DP's Child(ren)	\$5.06	\$6.66

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

Required Forms: FSA Enrollment Form

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

