ISD #2909
BENEFIT SELECTION FORM 2023-2024

	DESCRIPTION OF BENEFIT	CURRENT MONTHLY PREMIUM		SELECTION
Medica-Single $0 Deductible $25 Co-Pay	See Summary of Benefits	9/1/23-8/31/24	879.68	☐
Medica-Family $0 Deductible $25 Co-Pay	See Summary of Benefits	9/1/23-8/31/24	2,344.38	☐
Medica-Single $1850 Deductible/ VEBA	See Summary of Benefits	9/1/23-8/31/24	769.74	☐
Medica-Family $3700 Deductible/ VEBA	See Summary of Benefits	9/1/23-8/31/24	2,051.40	☐
Dental - Family		9/1/23-8/31/24	90.64	☐
Dental - Single		9/1/23-8/31/24	35.51	☐

Employee Signature Date

If you are waiving medical and/or dental coverage please sign and date the form in the applicable areas.

I hereby waive my right to the **medical** coverage the district has to offer.

Employee Signature Date

I hereby waive my right to the **dental** coverage the district has to offer.

Employee Signature Date