

# Tucson Country Day School

## UNITED HEALTHCARE 2022-2023 Employee Election Worksheet

Employee Information					
Last Name	First Name	MI	Social Security Number		
Address		Apt #	City	State	Zip Code
Date of Birth / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Hire / /		Home Phone	
Employees are eligible to enroll the first day of the month following their full-time date of hire.			Deductions are based on 24 pay periods annually.		

United Healthcare Medical Plans					
Please check the box for the coverage that you are electing below.					
Coverage	Plan CHHD	Plan CHHL	Plan CHHI	Plan CHLN (HMO plan)	Plan CHI4 (HSA plan)*
Employee Only	<input type="checkbox"/> \$101.70	<input type="checkbox"/> \$104.10	<input type="checkbox"/> \$110.99	<input type="checkbox"/> \$64.09	<input type="checkbox"/> \$80.54
Employee + Spouse	<input type="checkbox"/> \$430.49	<input type="checkbox"/> \$435.77	<input type="checkbox"/> \$450.92	<input type="checkbox"/> \$347.76	<input type="checkbox"/> \$383.94
Employee + Child(ren)	<input type="checkbox"/> \$348.29	<input type="checkbox"/> \$352.86	<input type="checkbox"/> \$365.94	<input type="checkbox"/> \$276.84	<input type="checkbox"/> \$308.09
Family	<input type="checkbox"/> \$704.48	<input type="checkbox"/> \$712.16	<input type="checkbox"/> \$734.20	<input type="checkbox"/> \$584.14	<input type="checkbox"/> \$636.77
Waive	<input type="checkbox"/> I do not elect <b>MEDICAL</b> coverage. *See Employee Benefits Folder for additional HSA Plan information.				

United Healthcare Dental and Vision Plans					
Please check the boxes for the coverage that you are electing below. Choose only one dental plan.					
Coverage	PPO Dental	Managed Care Dental		Vision	
Employee Only	<input type="checkbox"/> \$17.15	<input type="checkbox"/> \$6.64		<input type="checkbox"/> \$3.45	
Employee + Spouse	<input type="checkbox"/> \$36.52	<input type="checkbox"/> \$11.60		<input type="checkbox"/> \$6.55	
Employee + Child(ren)	<input type="checkbox"/> \$34.44	<input type="checkbox"/> \$14.37		<input type="checkbox"/> \$7.68	
Family	<input type="checkbox"/> \$55.59	<input type="checkbox"/> \$18.23		<input type="checkbox"/> \$10.81	
Waive	<input type="checkbox"/> I do not elect <b>DENTAL</b> coverage. <input type="checkbox"/> I do not elect <b>VISION</b> coverage.				

Authorization & Enrollment	
I hereby enroll, add or change, as elected above, coverage of group insurance for which I am eligible. I authorize my employer to make the above deductions from my pay. I understand that the only time I can make changes to my enrollment is during open enrollment or if I have a qualifying event. If I wish to make a change in coverage, I must notify Tucson Country Day School within 30 days of the qualifying event.	
Employee Signature	Date:

**Keep your beneficiary form up to date for your TCDS Paid life insurance!**

HMO Plan CHLN Only	Primary Care Doctor's Name	ID Number
Employee		
Spouse		
Child(ren)		

*Please complete dependent information on the next page if enrolling dependents.*

**Dependent Information**

<b>Spouse</b>	Last Name	First Name	MI
Social Security Number		Date of Birth	/ /
-       -		Gender	<input type="checkbox"/> M <input type="checkbox"/> F

<b>Child</b>	Last Name	First Name	MI
Social Security Number		Date of Birth	/ /
-       -		Gender	<input type="checkbox"/> M <input type="checkbox"/> F

<b>Child</b>	Last Name	First Name	MI
Social Security Number		Date of Birth	/ /
-       -		Gender	<input type="checkbox"/> M <input type="checkbox"/> F

<b>Child</b>	Last Name	First Name	MI
Social Security Number		Date of Birth	/ /
-       -		Gender	<input type="checkbox"/> M <input type="checkbox"/> F

<b>Child</b>	Last Name	First Name	MI
Social Security Number		Date of Birth	/ /
-       -		Gender	<input type="checkbox"/> M <input type="checkbox"/> F

<b>Child</b>	Last Name	First Name	MI
Social Security Number		Date of Birth	/ /
-       -		Gender	<input type="checkbox"/> M <input type="checkbox"/> F

<b>Child</b>	Last Name	First Name	MI
Social Security Number		Date of Birth	/ /
-       -		Gender	<input type="checkbox"/> M <input type="checkbox"/> F