

Name: _____

Current Coverage: _____

Current Dependents: _____

- Medical
- Dental
- Vision

LBT Form must also be completed if there is a change in your Dependents.

2024 - 2025 Open Enrollment Elections

Medical (No Spousal Surcharge)*		Medical (with \$225/month Spousal Surcharge)**	
	Bi-weekly cost		Bi-weekly cost
T1 - Employee	\$ 44.44 <input type="checkbox"/>		
T2 - 2 Party (Emp/Child)	\$ 80.01 <input type="checkbox"/>		
T3 - 2 Party (Emp/Spouse)*	\$ 99.98 <input type="checkbox"/>	2 Party (Emp/Spouse)**	\$203.82 <input type="checkbox"/>
T4 - Family (Emp/Children)	\$ 93.34 <input type="checkbox"/>		
T5 - Family (Emp/Spouse/Children)*	\$128.86 <input type="checkbox"/>	Family (Emp/Spouse/Children)**	\$232.71 <input type="checkbox"/>

I elect to Waive Medical Insurance for 2024-25 Plan year.

** Employees whose spouse is employed and is eligible for medical and health insurance through their employer and decides to not enroll in their employer's insurance but is enrolled in the school district's medical and health insurance shall be charged a \$225 per month surcharge. All employees who are covering a spouse must complete the Spousal Eligibility Certification and Verification form(s).*

Dental	Vision
Employee \$0.81 <input type="checkbox"/>	Employee \$ 3.44 <input type="checkbox"/>
2 Party \$1.76 <input type="checkbox"/>	2 Party \$ 6.48 <input type="checkbox"/>
Family \$2.33 <input type="checkbox"/>	Family \$10.08 <input type="checkbox"/>

I elect to Waive Dental Insurance.

I elect to Waive Vision Insurance.

Medical Plan Election Cost: \$ _____

Dental Plan Election Cost: \$ _____

Vision Plan Election Cost: \$ _____

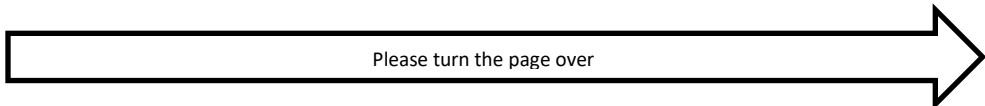
Total Payroll Contributions: \$ _____ *All my payroll contributions are Pre-tax, with tax savings.*

Signature Requirement:

In signing this Form, I am stating that I understand all the provisions, including the benefit, tax and cost associated with the choices I have made, as described either on this Form, the benefits plan brochures, or in the IRC Section 125 Summary Plan Description (SPD). I recognize that any amount cited on the "Total Payroll Contributions" Line of this form should represent my payroll contribution to the cost of my elected benefits. Furthermore, in the event that I have waived coverage in these plans, for myself or for my dependents, I recognize that for such associated benefit(s) I will not receive nor expect to receive coverage until such time that I may make a qualified re-enrollment in that/those plan (s) offered by the Dover Area School District under this IRC Section 125 Plan arrangement. I attest to the fact that my elections made on the form were done so of my own volition and that they are true and accurate to the best of my ability. Lastly, I recognize that I may not change my election, unless one of the following shall occur in my circumstances: New Marriage or Divorce, Death of Family Member, New Birth/Adoption of Child, or change in Employment Status for myself or my Spouse. Having read this and the details described in the Summary Plan Description (available on the DASD website), I attest that my elections made on the Form represent my consent toward any applicable payroll contribution, waiver and payroll tax treatment decision.

Signature: _____

Date: _____



HR USE ONLY: _____ Update Database _____ Update Highmark _____ Update Delta _____ Update Davis

 _____ NO CHANGES _____ Update Skyward Deductions _____ Update Skyward Benefits _____ Update Excel

Salary Payment for 2024-2025

NEW OPTIONS

This form must be completed and returned.

This election cannot be changed after the first day of the academic school year.

In accordance with the collective bargaining agreement, professional employees are paid in one of two available options commencing with the opening of school:

(A) Twenty-six (26) bi-weekly payments

(B) Twenty-two (22) bi-weekly payments plus the lump sum balance of contract at the end of the contract year.

Any permanent teacher that does not complete this form or does not select one of the two options will be automatically be placed in Option A: Twenty-six (26) bi-weekly payments.

In the event a separation from service occurs before the end of the twelve (12) month period, the professional employee will be entitled to an additional payment for the amount actually earned from the beginning of the twelve month pay period until the date of separation from service, but which has not yet been paid. The additional payment will be included in the final paycheck. For this purpose, "separation from service" shall have the same meaning as the term defined in the IRS Regulations.

I hereby elect to be paid my annual salary by Dover Area School District for the 2024-25 School Year and each school year thereafter, until this election is changed, as follows:

Option A: Twenty-six (26) bi-weekly payments beginning August 23, 2024

Option B: Twenty-two (22) bi-weekly payments from August 23, 2024 to June 13, 2025 plus the lump sum balance of contract (4 pays on June 13, 2025).

Signature: _____

Date: _____