**HIRE IT PEOPLE 2023 PLAN SELECTION SHEET**

EMPLOYEE NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYEE SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CURRENT HOME ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have been offered insurance for medical, dental & vision for 9/1/2023. My plan choices are below.

\_\_\_\_\_\_\_\_\_\_\_\_\_ I WISH TO ENROLL IN PLAN 1 - 2000/4000

 [ ] EE [ ] ES [ ] EC [ ] FAMILY

\_\_\_\_\_\_\_\_\_\_\_\_\_ I WISH TO ENROLL IN PLAN 2 - 3000/6000

 [ ] EE [ ] ES [ ] EC [ ] FAMILY

\_\_\_\_\_\_\_\_\_\_\_\_\_ I WISH TO ENROLL IN PLAN 3 – 3500/7000

 [ ] EE [ ] ES [ ] EC [ ] FAMILY

\_\_\_\_\_\_\_\_\_\_\_\_ I WISH TO WAIVE COVERAGE FOR 2023

**You must give reason**: \_\_\_ covered by spouse/parent

 \_\_\_ covered by individual plan

 \_\_\_ covered by Medicare/Medicaid

 \_\_\_ covered by another employer

 \_\_\_ coverage is too expensive and/or I do not wish to have insurance

\_\_\_\_\_\_\_\_\_\_\_\_ I WISH TO ENROLL FOR DENTAL COVERAGE 9/1/2023

 [ ] EE [ ] ES [ ] EC [ ] FAMILY

\_\_\_\_\_\_\_\_\_\_\_\_ I WISH TO ENROLL FOR VISION COVERAGE 9/1/2023

 [ ] EE [ ] ES [ ] EC [ ] FAMILY

\_\_\_\_\_\_\_\_\_\_\_\_ I DECLINE DENTAL

\_\_\_\_\_\_\_\_\_\_\_\_ I DECLINE VISION

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee signature and date