



PLEASE SIGN BACK OF FORM

PAYROLL DEDUCTION FORM (Per Bi-Weekly Payroll)

NAME: _____

DEPARTMENT: _____

I am electing the following medical coverage:

- BLUE CROSS BUY-UP Single coverage \$19.33 per pay period (\$38.66 per month)
- BLUE CROSS BUY-UP Family coverage \$260.39 per pay period (\$520.78 per month)
- BLUE CROSS BASE Single coverage \$0 per pay period (\$0 per month)
- BLUE CROSS BASE Family coverage \$211.15 per pay period (\$422.30 per month)
- BLUE CROSS HDHP Single coverage \$0 per pay period (City pays \$44.12 per month)
- BLUE CROSS HDHP Family coverage \$177.04 per pay period (\$354.08 per month)
- WAIVER OF MEDICAL COVERAGE (Proof of other group coverage required)

I am electing the following ING Deferred Compensation Plan coverage:

- City contribution to ING of \$30 per pay period
- ING deferral of _____% or \$_____ (not to exceed \$16,500 total)
- ING Age 50 catch-up provision \$_____ per pay period (not to exceed \$22,000 total)
- ING 457 Normal catch-up provision \$_____ per pay period (not to exceed \$33,000 total)
- Waive the ING Deferred Compensation Plan coverage

I am electing the following ICMA Deferred Compensation Plan coverage:

- City contribution to ICMA of \$30 per pay period
- ICMA deferral of _____% or \$_____ (not to exceed \$16,500 total)
- ICMA Age 50 catch-up provision \$_____ per pay period (not to exceed \$22,000 total)
- ICMA 457 Normal catch-up provision \$_____ per pay period (not to exceed \$33,000 total)
- Waive the ICMA Deferred Compensation Plan coverage

I am electing the following Health Savings Account coverage:

- HEALTH SAVING ACCOUNT (H.S.A.) \$_____ contributed per pay period (\$3050/\$6150)
- HEALTH SAVING ACCOUNT age 55 catch-up \$_____ contributed per pay period (\$4050/\$7150)
- Waive the HEALTH SAVINGS ACCOUNT

I have elected to participate in the Blue Cross Blue Shield HDHP medical plan and want the EMPLOYER monthly contribution of \$44.12 to go into the following account:

- HEALTH SAVINGS ACCOUNT (H.S.A.) \$22.06 *deposited* per pay period (\$44.12 per month)
- FLEXIBLE SPENDING ACCOUNT (F.S.A.) \$22.06 *deposited* per pay period (\$44.12 per month)

I am electing the following Dental coverage:

- DELTA DENTAL Single Coverage \$0 per pay period (\$0 per month)
- DELTA DENTAL Family Coverage \$27.14 per pay period (\$54.28 per month)
- PLAN A (80% Routine Services, 80% Basic Services, 50% Major Services)
- PLAN B (100% Routine Services, 60% Basic Services, 50% Major Services)

I am electing the following Vision coverage:

- VSP EXAM ONLY Single Coverage \$0 per pay period (\$0 per month)
- VSP EXAM ONLY Family Coverage \$0 per pay period (\$0 per month)
- VSP BUY UP Single Coverage \$2.80 per pay period (\$5.60 per month)
- VSP BUY UP Family Coverage \$6.80 per pay period (\$13.60 per month)

I am electing the following Voluntary Term Life coverage:

- VOLUNTARY TERM LIFE Employee coverage for \$_____ and the cost is \$_____ per pay period
- VOLUNTARY TERM LIFE Spouse coverage for \$_____ and the cost is \$_____ per pay period
Spouse Date of Birth:_____
- VOLUNTARY TERM LIFE Child(ren) coverage for \$_____ and the cost is \$_____ per pay period
Number of Children:_____ Child Date of Birth:_____
- Child Date of Birth:_____ Child Date of Birth:_____
- Child Date of Birth:_____ Child Date of Birth:_____
- Child Date of Birth:_____ Child Date of Birth:_____
- Waive the VOLUNTARY TERM LIFE

I am electing the following Flexible Spending Account coverage:

- FLEXIBLE SPENDING ACCOUNT for Medical (F.S.A.) \$_____ contributed per pay period
- FLEXIBLE SPENDING ACCOUNT for Dependent Care (F.S.A.) \$_____ contributed per pay period
- Waive the FLEXIBLE SPENDING ACCOUNT benefit

I authorize the City of Flagstaff to deduct the amounts selected above for my group health, Voluntary Term Life, Deferred Compensation, Flexible Spending Account, and/or Health Savings Account. These elections cannot be changed until the next open enrollment period unless I experience a life changing event such as divorce, marriage, birth or adoption of a child, change in job by me or my spouse/domestic partner, etc. Exception to change is the Health Savings Account which may be changed at least monthly.

Employee Signature

Date

- ARIZONA STATE RETIREMENT
- PUBLIC SAFETY RETIREMENT

HR Use Only
Life Changing Event: _____