



## 2016 Plan Year ACKNOWLEDGEMENT FORM

The month of December represents your Open Enrollment. At this time, you may enroll in or waive out of the company sponsored benefit plan.

**What you need to do:** All eligible employees must complete, sign and return this form to Human Resources by Tuesday, December 22, 2015. If you wish to enroll in or waive out of the offered plans, you must also complete the appropriate carrier's Enrollment/Change Form and return to Human Resources along with this acknowledgement form.

**Employee Name (Print Name):** \_\_\_\_\_

**PER PAY PERIOD EMPLOYEE CONTRIBUTIONS – Dental listed below, see Employee Worksheet for Medical**

***MEDICAL AND DENTAL OPTIONS – January 2016***

	Employee Only	Employee + 1 Dependent	Employee + Family		Waive Coverage – Please List Reason Below
Kaiser Bronze HSA HMO 4500/40 (CA Only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Kaiser Silver 70 HMO 1000/50 (CA Only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Kaiser Platinum 90 HMO 0/20 (CA Only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Kaiser Gold 80 PPO 0/35 (CA Only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Employee Only	Employee + Spouse		Employee + Family	Waive Coverage – Please List Reason Below
Principal Dental	<input type="checkbox"/> \$12.70	<input type="checkbox"/> \$39.83	<input type="checkbox"/> \$32.14	<input type="checkbox"/> \$61.21	<input type="checkbox"/> \$0.00

**Reason for waiving Medical** \_\_\_\_\_

**Reason for waiving Dental** \_\_\_\_\_

**Acknowledgement**

I authorize ConneXsys Engineering to make any necessary pre-tax or after-tax deductions for the 2016 plan year. I understand that the domestic partner portion of my deduction is an after-tax deduction. I understand that pre-tax contributions will slightly impact my social security contributions. Should I elect to not have these deductions taken pre-tax I will contact Human Resources. If for any reason I fail to complete a new enrollment form each plan year, the current election for my medical coverage will remain unchanged, although the cost may change. If I experience any dependent changes during the year that effect this information, I will notify Human Resources within 30 days of the change. I understand that a copy of this form will be made available at my request. Further if I am waiving any coverage(s), I understand that I can only re-enroll during Open Enrollment or if I have an applicable Qualifying Life Event.

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Date*