

# CITY OF BELTON BENEFITS ENROLLMENT & DEDUCTION AUTHORIZATION FORM

Effective January 1, 2019

EMPLOYEE NAME:		SSN		BIRTH DATE: MM/DD/YYYY	
STREET ADDRESS:		CITY STATE		ZIP:	

EMAIL ADDRESS:

I WILL BE ADDING COVERAGE TO ONE OR MORE PLANS FOR THE FOLLOWING DEPENDENTS:

RELATIONSHIP	GENDER	NAME	SSN	BIRTHDATE MM/DD/YYYY
SPOUSE	N/A			
CHILD				
CHILD				
CHILD				
CHILD				
CHILD				

## MEDICAL – BLUE CROSS BLUE SHIELD OF KANSAS CITY

- I wish to enroll now  
  PPO – Preferred Care Blue  
  High Deductible(QHDHP)  
  HMO – Blue Care  
 I wish to open a UMB HSA with my High Deductible Health Plan (see packet for eligibility)  
 I wish to decline medical coverage. (health insurance waiver also required)

	EE ONLY	EE + SP	EE + CH	FAMILY
<b>PPO-Preferred Care Blue</b> Per month deduction	<input type="checkbox"/> \$0	<input type="checkbox"/> \$300.74	<input type="checkbox"/> \$300.74	<input type="checkbox"/> \$472.98
<b>High Deductible (QHDHP)</b> Per month deduction	<input type="checkbox"/> \$0*	<input type="checkbox"/> \$162.66	<input type="checkbox"/> \$162.66	<input type="checkbox"/> \$319.14
<b>HMO -Blue Care</b> Per month deduction	<input type="checkbox"/> \$75.82	<input type="checkbox"/> \$483.48	<input type="checkbox"/> \$483.48	<input type="checkbox"/> \$678.08

**Enrolling/Changing/Canceling HMO** Primary Care Physician information can be found online at [www.bluekc.com](http://www.bluekc.com)

HMO ONLY	PRIMARY CARE DOCTOR (PCP) NAME	PCP NUMBER	EXISTING PATIENT
<input type="checkbox"/> EMPLOYEE			<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> SPOUSE			<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> CHILD			<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> CHILD			<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> CHILD			<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> CHILD			<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> CHILD			<input type="checkbox"/> YES <input type="checkbox"/> NO

\*City pays \$60.92 per month into employee's UMBHSA for employee only coverage.

## DENTAL – DELTA DENTAL OF MISSOURI

- I wish to enroll now – please choose:  
  Employee only  
  Family coverage  
 I wish to decline dental coverage

## VISION - SUPERIOR VISION

- I wish to enroll now – please choose:  
  Employee only  
  Family coverage  
 I wish to decline vision coverage

**Base Life and AD&D Insurance - USAbLe**

The City provides a life insurance and accidental death and dismemberment benefit equal to 1.5x your annual salary to a maximum of \$200,000 at no cost to the employee. **You must complete the USAbLe Life insurance form attached to this packet.**  
*\*Benefits reduce by 35% at your age 65, and 50% at your age 70, and terminate when you are no longer eligible or your retirement whichever occurs first.*

**ADDITIONAL LIFE and AD&D INSURANCE - USAbLe**

**Employee:** If you are age 69 or younger, you may purchase coverage in units of \$10,000 to a maximum of \$50,000 without medical evidence of insurability. Coverage over these amounts to a maximum of 5 times annual salary or \$500,000 whichever is less is available with medical evidence of insurability. **You must complete the USAbLe Life insurance form attached to this packet.**

**You must elect Additional Life Insurance for yourself in order to elect Dependent Life Insurance (Spouse and/or Children).**

**Spouse:** You may purchase coverage for your eligible spouse, through the spouse's age 69, in units of \$5,000 to a maximum of \$10,000 without evidence of medical insurability. Coverage over these amounts to \$250,000 is available with medical evidence of insurability. **You must complete the USAbLe Life insurance form attached to this packet.**

**Children:** You may purchase coverage for your eligible children between the ages of live birth to 6 months in the amount of \$1,000, and 6 months but less than 26 years is available in \$2,500 increments to a maximum of \$10,000. **You must complete the USAbLe Life insurance form attached to this packet.**

*\*Benefits reduce 35% at your and your spouse's age 65, by 50% at your and your spouse's age 70, and terminate when you or your spouse are no longer eligible or your retirement, whichever occurs first. Children's coverage terminates when they are no longer eligible or the termination of your eligibility, whichever occurs first.*

**LONG TERM DISABILITY - USAbLe**

The City provides a Long Term Disability benefit of 60% of your Basic Monthly Earnings to a maximum of \$4,000 per month (less offsets for other income). Eligible employees are automatically enrolled and benefits begin on the 91<sup>st</sup> day of a covered disability.

**Your signature and date are required.**

**I acknowledge that all information I have provided on this form is accurate and complete.**

Employee's Signature:		Date:	
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**EMPLOYEE PRINTED  
NAME:**

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