ENCINITAS UNION SCHOOL DISTRICT 2020-2021 Benefits Selection Form As of October 1, 2020

Employee Name (Print)		Employee I.D. No
Location:	Assignment %	Job Share Partner:
	on for the Kaiser Employ	23.37 towards your District-offered health and yee only plan will be \$254.08 per month. The per 30, 2021.
	Check the boxes for the	plan you are selecting:
	DISTRICT CON \$323.37 per month No payroll deduction	11-pay employee
	Kaiser Permanente F	IMO Plan -11- Pay
	☐ Employee Only	\$ 577.45
	☐ Employee + Spouse	\$ 1,138.45
	☐ Employee + Child(re	en) \$ 1,003.81
	☐ Employee + Family	\$ 1,576.03
☐ Choose to waive cove	rage	
the plan year unless due to and considependents; termination or commence dependent eligibility requirements; changelection under IRC 125 regulations). Panot paid on Section 125 salary reduction reduction agreement does not institute institute institute.	istent with a valid status change ment of employment; change in ge in residence or worksite and s rticipation in this plan will automat ; your social security benefits at ret surance coverage; an application fo	in the cafeteria plan elections can only be made at the end of (e.g., change in legal marital status; change in number of work schedule; dependent satisfies or ceases to satisfy uch other events as would permit a revocation or change of ically cease upon termination of employment. FICA taxes are rement may be reduced. Execution of this benefit election/salary insurance must be completed. Premiums charged for insurance and "take-home" pay may be higher or lower depending on the
Signature		Date