ENCINITAS UNION SCHOOL DISTRICT 2022-2023 Benefits Selection Form As of October 1, 2022

Employee Name (Print)		Employee I.D. No
Location:	Assignment %	Job Share Partner:
	e Kaiser Employee Only p	ards your District-offered health and welfare blan will be \$261.02 per month. The benefit of 30, 2023.
	Check the boxes for the pla	an you are selecting:
	DISTRICT CONTE \$375.61 per month 11 No payroll deduction in t	-pay employee
	Kaiser Permanente HM	IO Plan -11- Pay
	☐ Employee Only	\$ 636.63
	☐ Employee + Spouse	\$ 1,255.71
	☐ Employee + Child(ren)	\$ 1,107.13
	☐ Employee + Family	\$ 1,738.59
☐ Choose to waive cove	rage	
the plan year unless due to and considependents; termination or commence dependent eligibility requirements; chan election under IRC 125 regulations). Panot paid on Section 125 salary reduction reduction agreement does not institute institute institute.	istent with a valid status change (e ment of employment; change in w ge in residence or worksite and such rticipation in this plan will automatical ; your social security benefits at retirem surance coverage; an application for ins	the cafeteria plan elections can only be made at the end of .g., change in legal marital status; change in number of ork schedule; dependent satisfies or ceases to satisfy nother events as would permit a revocation or change of ly cease upon termination of employment. FICA taxes are nent may be reduced. Execution of this benefit election/salary surance must be completed. Premiums charged for insurance "take-home" pay may be higher or lower depending on the
Signature	D	ate