2021-2022 Election Form

Pyramid Lake Paiute Tribe

Effective Date: 2/1/2021

EMPLOYEE NAME:	LOCATION: Administration

I authorize the applicable payroll deductions for my coverage selections below. Please check one box only per section.

Medical- PPO 25-CO D0500	☐ EE Only	☐ EE + Spouse	☐ EE + Child(ren)	☐ EE + Family	☐ Waive
Medical- PPO 40-CO D0	☐ EE Only	☐ EE + Spouse	☐ EE + Child(ren)	☐ EE + Family	☐ Waive
Dental	☐ EE Only	☐ EE + Spouse	☐ EE + Child(ren)	☐ EE + Family	☐ Waive
Vision	☐ EE Only	☐ EE + Spouse	☐ EE + Child(ren)	☐ EE + Family	☐ Waive
Life and AD&D	X EE Only				

Medical: PPO 25-CO D0500	
Hometown Health	
Employee Only	$0.00
Employee + Spouse	$369.08
Employee + Child(ren)	$246.06
Family	$645.91

Medical PPO 40-CO D0	
Hometown Health	
Employee Only	$0.00
Employee + Spouse	$399.02
Employee + Child(ren)	$266.02
Family	$698.29

DENTAL	
Anthem	
Employee Only	$0.00
Employee + Spouse	$16.89
Employee + Child(ren)	$23.84
Family	$45.14

Vision	
Anthem	
Employee Only	$0.00
Employee + Spouse	$2.06
Employee + Child(ren)	$2.35
Family	$5.05

Life and AD&D	
Anthem	
Employee Only	$0.00

I acknowledge I have been given the opportunity to apply for this medical coverage, and I have been provided all of the open enrollment materials necessary to make this decision. I understand that my election cannot be changed or canceled unless I experience an IRS qualified change in family status. I also understand that if I choose to waive enrollment at this time, I will be unable to enroll until next open enrollment unless I experience a qualified loss in current coverage. Changes must be submitted to Human Resources within 30 days of the qualifying event date or the change cannot be processed until the next open enrollment period.

I acknowledge that I have received all applicable Annual Compliance Notices for this plan year and all items distributed are in *accordance with current ERISA, HIPAA, Medicare, PPACA, and Department of Labor regulations.*

SIGNATURE:	**DATE:**