



City of Chico

Benefits Election Form

Name _____ DOB _____ M F

SSN: _____ State/Country Born _____ Height _____ Weight _____

Job Title _____

Your Mailing Address _____

City _____ State _____ Zip _____

CellPhone (_____) _____ Gross Yearly Salary: _____

Personal Email _____ Date of Hire _____

Driver's License/State ID #: _____

***If including dependents please fill out this section**

Spouse's Name _____ DOB _____ M F

Dependent Children to be covered? Yes ___ No ___ (coverage available to age 26)

Name	DOB	M/F	Name	DOB	M/F

Have you used Tobacco in the last 12 months? Y N

Does everyone to be covered currently have Major Medical Coverage? Y N

Has anyone listed above ever been treated for Cancer, Heart Attack or Stroke? Y N

If so, list type & dates treated below:

Does anyone listed above have Diabetes or need a surgery? Y N

Beneficiary: _____ Relationship _____ DOB _____ M F

Address: _____ Phone (_____) _____

City of Chico

Aflac Elections: Below are Per **Monthly** Rates: Please select the plans you are enrolling in:

Accident Advantage - 24-Hour ACCIDENT INCLUDING WELLNESS BENEFIT OPTION 3 - Series A36000									
Age	Individual		Insured/Spouse		One Parent Family		Two Parent Family		Decline
18-64	\$26.91	<input type="checkbox"/>	\$35.88	<input type="checkbox"/>	\$41.73	<input type="checkbox"/>	\$52.52	<input type="checkbox"/>	<input type="checkbox"/>

CANCER PROTECTION ASSURANCE PLAN LEVEL 2 - Series B70200									
Age	Individual		Insured/Spouse		One Parent Family		Two Parent Family		Decline
18-64	\$33.50	<input type="checkbox"/>	\$57.64	<input type="checkbox"/>	\$33.50	<input type="checkbox"/>	\$57.64	<input type="checkbox"/>	<input type="checkbox"/>

*No IDR Rider Included

AFLAC HOSPITAL CHOICE - Option 1 Benefit Amount 500 - Series B40100									
Age	Individual		Insured/Spouse		One Parent Family		Two Parent Family		Decline
18-49	\$29.25	<input type="checkbox"/>	\$47.84	<input type="checkbox"/>	\$46.54	<input type="checkbox"/>	\$56.42	<input type="checkbox"/>	<input type="checkbox"/>
50-59	\$31.46	<input type="checkbox"/>	\$52.26	<input type="checkbox"/>	\$47.58	<input type="checkbox"/>	\$57.46	<input type="checkbox"/>	<input type="checkbox"/>
60-64	\$32.11	<input type="checkbox"/>	\$53.17	<input type="checkbox"/>	\$48.75	<input type="checkbox"/>	\$59.41	<input type="checkbox"/>	<input type="checkbox"/>

* Includes EBR Rider

Age	Individual				Insured/Spouse				One Parent Family				Two Parent Family				Decline
	Non-Smoker		Smoker		Non-Smoker		Smoker		Non-Smoker		Smoker		Non-Smoker		Smoker		
18 - 24	\$7.02	<input type="checkbox"/>	\$10.40	<input type="checkbox"/>	\$11.57	<input type="checkbox"/>	\$17.68	<input type="checkbox"/>	\$7.02	<input type="checkbox"/>	\$10.40	<input type="checkbox"/>	\$11.57	<input type="checkbox"/>	\$17.68	<input type="checkbox"/>	<input type="checkbox"/>
25 - 29	\$8.45	<input type="checkbox"/>	\$13.39	<input type="checkbox"/>	\$13.65	<input type="checkbox"/>	\$21.58	<input type="checkbox"/>	\$8.45	<input type="checkbox"/>	\$13.39	<input type="checkbox"/>	\$13.65	<input type="checkbox"/>	\$21.58	<input type="checkbox"/>	<input type="checkbox"/>
30 - 34	\$11.31	<input type="checkbox"/>	\$18.33	<input type="checkbox"/>	\$17.55	<input type="checkbox"/>	\$28.21	<input type="checkbox"/>	\$11.31	<input type="checkbox"/>	\$18.33	<input type="checkbox"/>	\$17.55	<input type="checkbox"/>	\$28.21	<input type="checkbox"/>	<input type="checkbox"/>
35 - 39	\$15.21	<input type="checkbox"/>	\$24.70	<input type="checkbox"/>	\$23.01	<input type="checkbox"/>	\$37.05	<input type="checkbox"/>	\$15.21	<input type="checkbox"/>	\$24.70	<input type="checkbox"/>	\$23.01	<input type="checkbox"/>	\$37.05	<input type="checkbox"/>	<input type="checkbox"/>
40 - 44	\$19.76	<input type="checkbox"/>	\$32.11	<input type="checkbox"/>	\$29.64	<input type="checkbox"/>	\$48.10	<input type="checkbox"/>	\$19.76	<input type="checkbox"/>	\$32.11	<input type="checkbox"/>	\$29.64	<input type="checkbox"/>	\$48.10	<input type="checkbox"/>	<input type="checkbox"/>
45 - 49	\$24.31	<input type="checkbox"/>	\$39.65	<input type="checkbox"/>	\$37.18	<input type="checkbox"/>	\$60.58	<input type="checkbox"/>	\$24.31	<input type="checkbox"/>	\$39.65	<input type="checkbox"/>	\$37.18	<input type="checkbox"/>	\$60.58	<input type="checkbox"/>	<input type="checkbox"/>
50 - 54	\$29.25	<input type="checkbox"/>	\$47.84	<input type="checkbox"/>	\$29.25	<input type="checkbox"/>	\$75.40	<input type="checkbox"/>	\$29.25	<input type="checkbox"/>	\$47.84	<input type="checkbox"/>	\$46.15	<input type="checkbox"/>	\$75.40	<input type="checkbox"/>	<input type="checkbox"/>
55 - 59	\$34.32	<input type="checkbox"/>	\$56.16	<input type="checkbox"/>	\$54.99	<input type="checkbox"/>	\$89.70	<input type="checkbox"/>	\$34.32	<input type="checkbox"/>	\$56.16	<input type="checkbox"/>	\$54.99	<input type="checkbox"/>	\$89.70	<input type="checkbox"/>	<input type="checkbox"/>
60 - 64	\$40.69	<input type="checkbox"/>	\$66.30	<input type="checkbox"/>	\$66.17	<input type="checkbox"/>	\$107.51	<input type="checkbox"/>	\$40.69	<input type="checkbox"/>	\$66.30	<input type="checkbox"/>	\$66.17	<input type="checkbox"/>	\$107.51	<input type="checkbox"/>	<input type="checkbox"/>

*includes 10,000 Cancer Lump Sum Benefit Rider

Please Check Box Below:

I, the below named employee, do elect the above circled coverage and understand these elections will be entered into the Everwell system where my name will be typed and serve as my signature for the above elections. I understand coverage is effective on the date listed below and I authorize my employer to deduct the above amount from my paycheck. I understand that any pre-tax elections cannot be changed or revoked prior to the next plan anniversary date, unless I have a qualifying event.. I also agree that all underwriting questions were asked and answered truthfully and to the best of my ability.

Please keep my existing coverage the same.

I, the below named employee, have chosen to **waive** coverage during this year's open enrollment (this does not cancel existing coverage).

Effective Date: _____

Print Name: _____

Signature: _____

Existing Policies		
Policy Type	Post Tax	Pre-Tax

Post Tax Total: \$ _____ Pre-tax Total: \$ _____