



**VS Engineering, Inc.**  
**EMPLOYEE ELECTION FORM**  
**EFFECTIVE AUGUST 1, 2020**

**NOTE: EMPLOYEE CONTRIBUTIONS/PAYROLL DEDUCTIONS FOR MEDICAL, VISION, DENTAL, HSA & FSA ARE PRE-TAX IF ENROLLED IN IRS SECTION 125 CAFETERIA PLAN.**

**NOTE: THIS FORM IS FOR INTERNAL PURPOSES ONLY. YOU MUST COMPLETE AN ENROLLMENT FORM FROM THE INSURANCE CARRIER FOR ACTIVATION OF YOUR COVERAGE.**

**\*\*\* BENEFITS ARE NOT EFFECTIVE UNTIL EMPLOYEE ELECTS AND SIGNS PROPER ENROLLMENT FORMS.\*\*\***

**EMPLOYEE NAME:** \_\_\_\_\_

CHECK ELECTION HERE	MEDICAL, RX COVERAGE	ANTHEM <b>NEW</b> HSA E4C (C2) EMPLOYEE COST PER PAY PERIOD
<input type="checkbox"/>	SINGLE	\$45.93
<input type="checkbox"/>	EMPLOYEE + SPOUSE	\$182.20
<input type="checkbox"/>	EMPLOYEE + CHILD(REN)	\$164.84
<input type="checkbox"/>	FAMILY	\$269.65

CHECK ELECTION HERE	MEDICAL, RX COVERAGE	ANTHEM PPO 25 Rx E2 w/HRA EMPLOYEE COST PER PAY PERIOD
<input type="checkbox"/>	SINGLE	\$65.88
<input type="checkbox"/>	EMPLOYEE + SPOUSE	\$279.69
<input type="checkbox"/>	EMPLOYEE + CHILD(REN)	\$250.34
<input type="checkbox"/>	FAMILY	\$405.14

CHECK ELECTION HERE	MEDICAL, RX COVERAGE	ANTHEM <b>NEW</b> HSA E5 w/HRA EMPLOYEE COST PER PAY PERIOD
<input type="checkbox"/>	SINGLE	\$75.76
<input type="checkbox"/>	EMPLOYEE + SPOUSE	\$318.19
<input type="checkbox"/>	EMPLOYEE + CHILD(REN)	\$287.89
<input type="checkbox"/>	FAMILY	\$465.91

CHECK ELECTION HERE TO WAIVE	WAIVE ALL MEDICAL COVERAGE
<input type="checkbox"/>	\$0.00

UNITED HEALTHCARE	CHECK ELECTION HERE	DENTAL INSURANCE EMPLOYEE COST PER PAY PERIOD	CHECK ELECTION HERE	VISION INSURANCE EMPLOYEE COST PER PAY PERIOD
SINGLE	<input type="checkbox"/>	\$3.00	<input type="checkbox"/>	\$0.01
EMPLOYEE + SPOUSE	<input type="checkbox"/>	\$12.01	<input type="checkbox"/>	\$0.02
EMPLOYEE + CHILD(REN)	<input type="checkbox"/>	\$13.96	<input type="checkbox"/>	\$0.02
FAMILY	<input type="checkbox"/>	\$21.03	<input type="checkbox"/>	\$0.03
WAIVE COVERAGE	<input type="checkbox"/>	\$0.00	<input type="checkbox"/>	\$0.00

BASIC LIFE & AD&D 100% PAID BY VS ENGINEERING	LINCOLN FINANCIAL GROUP \$50,000 LIFE & AD&D BENEFIT PLEASE ENSURE YOUR BENEFICIARY FORM IS UP TO DATE
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LONG-TERM DISABILITY 100% PAID BY VS ENGINEERING	LINCOLN FINANCIAL GROUP 60% OF BASE SALARY TO A MONTHLY MAXIMUM OF \$10,000
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CHECK BENEFIT ELECTION HERE	<b>VOLUNTARY STD</b>	<b>LINCOLN FINANCIAL GROUP VOLUNTARY SHORT-TERM DISABILITY</b>
	<b>100% EMPLOYEE PAID COVERAGE</b>	<b>60% OF BASE SALARY TO A WEEKLY MAXIMUM OF \$1,000 BENEFITS BEGIN ON 8TH DAY OF DISABILITY</b>
<input type="checkbox"/>	NO CHANGE TO CURRENT VOLUNTARY STD ELECTION. PAYROLL DEDUCTIONS WILL CONTINUE POST-TAX	
<input type="checkbox"/>	I WISH TO ENROLL, ENROLLMENT AND EVIDENCE OF INSURABILITY FORM(S) ATTACHED. PAYROLL DEDUCTIONS WILL BE POST-TAX	
<input type="checkbox"/>	WAIVE VOLUNTARY STD COVERAGE	

CHECK BENEFIT ELECTION HERE	<b>VOLUNTARY LIFE/AD&amp;D</b>	<b>LINCOLN FINANCIAL GROUP VOLUNTARY LIFE / AD&amp;D</b>
	<b>100% EMPLOYEE PAID COVERAGE</b>	<b>EMPLOYEE: \$10,000 INCREMENTS UP TO \$500,000 / GUARANTEED \$100,000 SPOUSE: \$5,000 INCREMENTS UP TO \$250,000 / GUARANTEED \$25,000 CHILD: \$1,000 TO \$10,000 / GUARANTEED UP TO \$10,000 EMPLOYEE ELECTION REQUIRED TO ELECT DEPENDENT COVERAGE</b>
<input type="checkbox"/>	NO CHANGE TO CURRENT VOLUNTARY LIFE/AD&D ELECTION. PAYROLL DEDUCTIONS WILL CONTINUE POST-TAX	
<input type="checkbox"/>	I WISH TO ENROLL, ENROLLMENT AND EVIDENCE OF INSURABILITY FORM(S) ATTACHED. PAYROLL DEDUCTIONS WILL BE POST-TAX	
<input type="checkbox"/>	WAIVE VOLUNTARY LIFE/AD&D COVERAGE	

<b>FLEXIBLE SPENDING ACCOUNT (FSA)</b>	<b>OPEN ENROLLMENT FOR THIS PLAN WILL COMMENCE DECEMBER 2018 FOR JANUARY 1, 2019 EFFECTIVE DATE</b>
<b>100% EMPLOYEE PAID COVERAGE</b>	

<b>HEALTH SAVINGS ACCOUNT (HSA)</b>	<b>OPTUM HEALTH SAVINGS ACCOUNT AVAILABLE TO EMPLOYEES ENROLLED IN A DEDUCTIBLE HEALTH PLAN BDQM/Rx282</b>
<b>100% EMPLOYEE PAID COVERAGE</b>	

I understand that by signing and submitting this form to elect coverage, I am making a binding election for my benefits and am authorizing payroll deduction from my earnings. I understand that if I decline any of the above coverage, I cannot later change my mind during the plan year and elect this coverage unless I experience a qualified life event/change.

**EMPLOYEE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_