

# City of Southaven

## 2017 Benefits Election Form

Please make your selections for each of the benefits listed below in the appropriate boxes. Even if you are waiving coverage, please complete the Benefits Election Form. After completing, please sign, date, and return the form to **Janna Rogers**.

### MEDICAL PLAN – Cigna – Med1 \$1,000 Deductible 80%

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Select	Election	2017 Contributions / Per 24 Pays
<input type="checkbox"/>	Employee only	\$15.13
<input type="checkbox"/>	Employee & Spouse	\$195.13
<input type="checkbox"/>	Employee & Child(ren)	\$141.36
<input type="checkbox"/>	Family	\$304.98

### MEDICAL PLAN – Cigna – Med2 \$2,000 Deductible 80%

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Select	Election	2017 Contributions / Per 24 Pays
<input type="checkbox"/>	Employee only	\$0.00
<input type="checkbox"/>	Employee & Spouse	\$168.20
<input type="checkbox"/>	Employee & Child(ren)	\$117.96
<input type="checkbox"/>	Family	\$270.85

### MEDICAL PLAN – Cigna – Med3 \$3,000 Deductible 80%

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Select	Election	2017 Contributions / Per 24 Pays
<input type="checkbox"/>	Employee only	\$0.00
<input type="checkbox"/>	Employee & Spouse	\$148.19
<input type="checkbox"/>	Employee & Child(ren)	\$100.57
<input type="checkbox"/>	Family	\$245.49

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***Waiving Medical  
Coverage***

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**DENTAL PLAN – Voluntary – Cigna High Plan - DENHI**

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Select	Election	2016 Contributions / Per 24 Pays
<input type="checkbox"/>	Employee only	\$13.09
<input type="checkbox"/>	Employee + One	\$29.31
<input type="checkbox"/>	Employee + Two or More	\$46.51

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**DENTAL PLAN – Voluntary – Cigna Low Plan - DENLO**

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Select	Election	2016 Contributions / Per 24 Pays
<input type="checkbox"/>	Employee only	\$4.76
<input type="checkbox"/>	Employee + One	\$10.74
<input type="checkbox"/>	Employee + Two or More	\$17.47

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*Waiving Dental Coverage*

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**VISION PLAN – Voluntary – Cigna - VIS**

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Select	Election	2016 Contributions / Per 24 Pays
<input type="checkbox"/>	Employee only	\$2.90
<input type="checkbox"/>	Employee + One	\$5.55
<input type="checkbox"/>	Employee + Two or More	\$9.02
<input type="checkbox"/>	<i>Waiving Vision Coverage</i>	

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**Long Term Disability – Voluntary – Cigna**

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Select	Election	2016 Contributions / Per 24 Pays
<input type="checkbox"/>	Yes	
<input type="checkbox"/>	<i>Waiving LTD Coverage</i>	

Benefit Amount			

## Life Insurance – Voluntary – Cigna

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Select	Election	Benefit Amount	2016 Contributions / Per 24 Pays
<input type="checkbox"/>	Employee		
<input type="checkbox"/>	Spouse / Child		
<input type="checkbox"/>	Emp AD&D		
<input type="checkbox"/>	Spouse / Child AD&D		
<input type="checkbox"/>	<i>Waiving Vol. Life Coverage</i>		

## FSA- Voluntary – Voluntary – Corporate Planning Network-

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Select		2017 Annual Amount
<input type="checkbox"/>	FSA	
<input type="checkbox"/>	DCAP	
<input type="checkbox"/>	Decline	

I have either elected or waived coverage for the medical, dental or vision plans above. I understand that after the open enrollment period I cannot make changes to my coverage during the year unless I experience a change in family status such as: loss or gain of coverage through my spouse, loss of eligibility of a covered dependent, death of your covered spouse or child, birth or adoption of a child, or marriage, divorce, or legal separation.

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**Print Name**

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**Signature**

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**Date**