



**Kids' Corps, Inc.**

**Employee Benefits Election/Payroll Deduction Form**

KCI pays a large portion of an EMPLOYEE'S coverage for Health and Dental Care. Employees wishing to add their dependents can receive coverage at THEIR (the employees') expense. The tables below explain the cost of coverage. Medical Benefits offered through Cigna. Dental, Vision & Life Insurance offered through Guardian.

**Health/Dental/Life AD&D Insurance Bi-weekly Premium EMPLOYEE ONLY:**

COVERAGE	EMPLOYEE PAYS	KCI PAYS	TOTAL COST OF BENEFIT
Employee Medical	\$ 83.08	\$ 419.82	\$ 502.90
Employee Dental	\$ 10.33	\$ 16.38	\$ 26.71
Employee Life and AD&D	\$ 0.23	\$ 0.79	\$ 1.02
Employee Vision	\$ 5.44	\$ 0.00	\$ 5.44
<i>TOTAL:</i>	\$ 99.08		

**Health/Dental/Vision Insurance Bi-weekly Premium EMPLOYEE COVERING DEPENDENTS:**

Coverage	Employee Pays	KCI Pays	Total Cost of Benefit
Employee & Children Medical	\$ 533.58	\$ 419.82	\$ 953.40
Employee & Spouse Dental	\$ 37.83	\$ 16.38	\$ 54.21
Employee & Children Dental	\$ 46.99	\$ 16.38	\$ 63.37
Employee & Family Dental	\$ 80.14	\$ 16.38	\$ 96.52
Employee & Spouse Vision	\$ 9.15	\$ 0.00	\$ 9.15
Employee & Children Vision	\$ 9.33	\$ 0.00	\$ 9.33
Employee & Family Vision	\$ 14.76	\$ 0.00	\$ 14.76

Name: \_\_\_\_\_ Position: \_\_\_\_\_

I \_\_\_\_\_, have completed enrollment forms for the coverage above. I authorize KCI to deduct \$ \_\_\_\_\_ from each payroll check.

I am **ELECTING** coverage for :

Health	Dental	Vision
<input type="checkbox"/> Self Only	<input type="checkbox"/> Self Only	<input type="checkbox"/> Self Only
<input type="checkbox"/> Self & Children	<input type="checkbox"/> Self & Children	<input type="checkbox"/> Self & Children
<b>Life AD&amp;D</b>	<input type="checkbox"/> Self & Spouse	<input type="checkbox"/> Self & Spouse
<input type="checkbox"/> Self Only	<input type="checkbox"/> Self & Family	<input type="checkbox"/> Self and Family

I am **REFUSING** coverage for :

Health	Dental	Vision
<input type="checkbox"/> Self Only	<input type="checkbox"/> Self Only	<input type="checkbox"/> Self Only
<input type="checkbox"/> Self & Children	<input type="checkbox"/> Self & Children	<input type="checkbox"/> Self & Children
<b>Life AD&amp;D</b>	<input type="checkbox"/> Self & Spouse	<input type="checkbox"/> Self & Spouse
<input type="checkbox"/> Self Only	<input type="checkbox"/> Self and Family	<input type="checkbox"/> Self and Family

Eligibility date for medical: \_\_\_\_\_

Eligibility date for dental, vision, life: \_\_\_\_\_

1<sup>st</sup> payroll deduction: \_\_\_\_\_

1<sup>st</sup> payroll deduction: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_