

Part-time Employee Election/Waiver of Group Insurance Participation

New part-time employees must use this form to either elect to participate in the Group Insurance Program or waive group insurance coverage. *Failure to complete this form will result in automatic enrollment in the Quality Care Health and Dental Plans with no dependent coverage.* Part-time employees who change from full-time to part-time status, or current part-time employees whose insurance premiums increase 30% or greater when changing to a lower part-time work percentage, may use this form to waive coverage.

Employee Name: _____ Employee SSN: _____

Premium for Part-time Health and Dental Coverage (premium amount to be completed by agency GIR):

	PT Premium Amount♦		PT Premium Amount♦
HEALTH Coverage	\$ _____ /mo.	DENTAL Coverage	\$ _____ /mo.

Part-time employees working 50% - 99% are eligible to participate in the State Employees' Group Insurance Program. Participation in health and dental coverage is voluntary. Basic life coverage is provided at no cost to employees. Vision coverage is provided at no cost to employees participating in the health program.

Before making your decision, you should carefully read the following:

1. If you choose to participate in the health, dental and vision coverage, you will be responsible for the state's portion of the health and dental premiums based on the percentage of time employed. For example, if you work 75% time, the State will pay 75% of the state portion for your basic health and dental coverage. You would be required to pay the remaining 25% of the cost.
2. If you elect **not** to participate in health and dental, you will not be able to enroll in the program until the next Benefit Choice Period (coverage effective July 1 of each year), unless you experience an eligible Qualifying Change in Status.
3. Part-time employees working 50% - 99% cannot become a dependent of their state-employed spouse.
4. Provisions and conditions of the Group Insurance Program are applicable to you if you elect to participate in the Program.
5. You must make a decision within ten (10) days of your effective date of part-time employment. The effective date of coverage for you and any eligible dependents will be retroactive to your employment date.

Please indicate your choice below and sign.

_____ **YES, I do want to participate in the coverage initialed below and understand I will be responsible for the coverage premiums.**

_____ Health, Dental, Vision and Basic Life

_____ Health, Vision and Basic Life, electing not to participate in Dental. Employees choosing this option may only request to re-enroll in the dental coverage during the annual Benefit Choice Period.

_____ **NO, I do not wish to participate in the State Employees' Group Insurance Program. I understand that I cannot change this election until the next Benefit Choice Period or until I experience a Qualifying Change in Status which would allow me to enroll in the Program.**

Signature of Part-time Employee

Date

Signature of Group Insurance Representative

Date

GIR/P USE ONLY	Effective Date of Part-time Status: _____ Part-time: _____ % ♦ GIR/Ps should use the Deduction Calculation Screen (5C) to determine the amount of premium due from the member based on the part-time employee's percentage.
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Monthly Payroll Deductions for Part-Time Employees (FY10)

Deductions based on annual salary of \$29,500 or less – higher paid employees will pay slightly more

Health Alliance HMO

Percent	EE	EE+1	EE+2/more
50	294.18	568.16	752.36
60	244.74	482.72	637.88
70	195.30	397.28	523.40
75	170.58	354.56	466.16
80	145.86	311.84	408.92
90	96.42	226.40	294.44
100	47.00	141.00	180.00

Humana Benefit Plan

Percent	EE	EE+1	EE+2/more
50	309.14	594.68	787.36
60	256.70	503.52	665.26
70	204.28	412.40	543.20
75	178.06	366.82	482.16
80	151.84	321.24	421.12
90	99.42	230.12	299.06
100	47.00	139.00	177.00

Quality Care

Percent	EE	EE+1	EE+2/more
50	393.48	845.18	978.50
60	329.18	729.74	842.38
70	264.88	614.30	706.28
75	232.74	556.58	638.24
80	200.58	498.86	570.18
90	136.28	383.42	434.08
100	72.00	268.00	298.00

HealthLink

Percent	EE	EE+1	EE+2/more
50	319.46	620.16	822.04
60	264.96	526.52	696.82
70	210.46	432.88	571.60
75	183.22	386.06	509.00
80	155.98	339.26	446.40
90	101.48	245.62	321.18
100	47.00	152.00	196.00

Dental Coverage

Percent	EE	EE+1	EE+2/more
50	20.38	35.30	56.74
60	18.50	31.62	49.28
70	16.62	27.96	41.82
75	15.68	26.14	38.10
80	14.74	24.30	34.38
90	12.86	20.64	26.92
100	11.00	17.00	19.50

PersonalCare

Percent	EE	EE + 1	EE+2/more
50	283.18	546.92	724.02
60	235.94	465.32	614.62
70	188.70	383.74	505.20
75	165.08	342.94	450.50
80	141.46	302.14	395.80
90	94.22	220.56	286.38
100	47.00	139.00	177.00

Insurance rates are showing for McLean County area only.

Contact Human Resources Benefit Services for rates outside of McLean County.

July 1 insurance rates change every year.

Contact Human Resources Benefit Service for rate information.

EE= Employee only

EE + 1= Employee plus one dependent

EE + 2= Employee plus two or more dependents