

EMPLOYEE BENEFITS ELECTIONS
8\$85 Plan Year

IMPORTANT: All employees must fill up this form and sign it, regardless if you are taking benefits or not.

As an eligible employee of Win-Tech, you are qualified to enroll in group health insurance that will begin January 1, 2025. Please review the attached plan information, complete this form and return it to Allison Giddens.

Form with fields: First Name, Last Name, Date of Birth, Phone Number, Address, City, State, Zip Code, SSN, Male, Female, Single, Married.

DEPENDENTS INFORMATION

You must fill out the information below if you are electing coverage on a Spouse or Child, please provide the following:

Table with 8 columns: First Name | Last Name, Gender Male/Female, Date of Birth Month/day/year, Social Security #, Medical, Dental, Vision. Rows for Spouse and four Children.

\*Please attach additional page(s) if more space is needed for dependent information.

Make your elections by making a mark [X] Dollar amounts listed below are the employee paid portion of our weekly premiums. These premiums will be deducted from paychecks on a pre-tax basis.

Table titled 'Medical Plan | Cigna' with columns: Weekly Premiums, Copay \$5k, Copay \$2.5k. Rows for Employee Only, Employee + Spouse, Employee + Child(ren), Employee + Family.

Table titled 'Dental Cigna' with columns: Premium. Rows for Employee Only, Employee + Spouse, Employee + Child(ren), Employee + Family.

Table titled 'J[g]cb Cigna' with columns: Premium. Rows for Employee Only, Employee + Spouse, Employee + Child(ren), Employee + Family.

I choose to waive medical coverage- I choose to waive dental coverage I choose to waive vision coverage

Information about other Medical Coverage:

Please disclose any additional medical coverage you or any of your covered dependents will have in place in addition to your employer:

I only have my Employer's Coverage I have other coverage Medical Policy # / Carrier:

I understand that the premium deduction(s) will stay in effect and cannot be revoked during the Plan Year unless the revocation and new election are on account of and consistent with a qualifying event (e.g., marriage, divorce, death of a spouse or child, birth or adoption of child or change of employment of my spouse as detailed in Section 125 Regulations) or if there is a significant increase in my insurance premium as determined by the provider.

X Employee Signature Date