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2019-2020 INSURANCE BENEFITS ELECTION FORM FOR FULL TIME EQUIVALENT (FTE) EMPLOYEES (30-39 hours/wk)

EMPLOYEE INFORMATION
Name (Last, First): Employee ID:
Home Address: (Include City, State, Zip) Date of FT Hire:
Telephone #: SS#:
E-mail address: Gender: Date of Birth:

HEALTH INSURANCE INFORMATION
Initial enrollment eligibility after 90 days of FT employment Employee Pre-Tax Bi-Weekly Payroll Deductions
Please mark your selection for each benefit below. Please check the box next to cost of your plan & initial. I elect (or waive) coverage for 2019-20 as follows:
Cigna MVP H.S.A.
Employee: 9.86% of net taxable pay
Employee/Spouse: \$311.20
Employee/1 Child: \$311.20
Employee/Children: \$683.62 plus >>> for dependents
Family: \$683.62

DEPENDENT INFORMATION
Dependent #1 Name (Last, First): Date of Birth:
Relationship: Gender: SS#
Dependent #2 Name (Last, First): Date of Birth:
Relationship: Gender: SS#
Dependent #3 Name (Last, First): Date of Birth:
Relationship: Gender: SS#
Dependent #4 Name (Last, First): Date of Birth:
Relationship: Gender: SS#

Signature

Date

ASA College Human Resources Office (Date rec'd)

DOWNTOWN BROOKLYN
151 Lawrence Street
Brooklyn, NY 11201
Tel: 718 - 522-9073

MIDTOWN MANHATTAN
1293 Broadway/One Herald Center
New York, NY 10001
Tel: 212-672-6450

HIALEAH
530 West 49th Street
Hialeah, FL 33012
Tel: 786-279-2643