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2021-2022 INSURANCE BENEFITS ELECTION FORM FOR FULL TIME EQUIVALENT (FTE) EMPLOYEES (30-39 hours/wk)

EMPLOYEE INFORMATION

Name (Last, First):		Employee ID:
Home Address: <i>(Include City, State, Zip)</i>		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 2021-22 as follows:					
	Cigna MVP H.S.A.				
Employee:	9.78% of net taxable pay	<input type="checkbox"/>			
Employee/Spouse:	9.78% of net taxable pay (for Self)	\$333.58	<input type="checkbox"/>		9.78% of Net taxable wages works out to be approx. 8.75% of Gross Earnings
Employee/1 Child:	plus >>> for dependents	\$333.58	<input type="checkbox"/>		
Employee/Children:		\$717.19	<input type="checkbox"/>		
Family:		\$717.19	<input type="checkbox"/>		

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)

Non vitae, sed scholae discimus!