

EMPLOYEE NAME: \_\_\_\_\_ (Write Legibly)  
 EFFECTIVE DATE: \_\_\_\_\_  
 REASON: \_\_\_\_\_

**CITY OF FORT BRAGG  
 BENEFIT ELECTIONS/AUTHORIZATION FORM  
 FISCAL YEAR 2023-2024  
 80 PERCENT FULL-TIME**

MEDICAL – ANTHEM BLUE CROSS (Choose One)	Employee Only	Employee + 1	Family	Employee Deductions Per Pay Check (PPE)*
*Deductions based on 24 pay periods unless otherwise indicated. September 2023 and March 2024 will have three paychecks issued. For those months ONLY, the third paycheck will NOT have most of the pre-tax benefits deductions deducted from gross income. As a result, the third check may have increased taxable income.				
EPO 250 <input type="checkbox"/> Employee <input type="checkbox"/> Employee + 1 <input type="checkbox"/> Employee + Family	Total Cost - \$474.00 City - \$303.36 Employee - \$170.64	Total Cost - \$993.00 City - \$635.52 Employee - \$357.48	Total Cost - \$1,417.50 City - \$ 907.20 Employee - \$ 510.30	\$
EPO 500 <input type="checkbox"/> Employee <input type="checkbox"/> Employee + 1 <input type="checkbox"/> Employee + Family	Total Cost - \$410.50 City - \$262.72 Employee - \$147.78	Total Cost - \$861.00 City - \$551.04 Employee - \$309.96	Total Cost - \$1,229.50 City - \$ 786.88 Employee - \$ 442.62	\$
HSA 1500* (Health Savings Account) <input type="checkbox"/> Employee <input type="checkbox"/> Employee + 1 <input type="checkbox"/> Employee + Family <b>NOTE: IF SELECT, NEED HSA BANK ACCOUNT INFORMATION FORM!</b> **Deductible for 2023-24 is \$1,500 (single) and \$3,000 (family) as per Federal guidelines.	Total Cost - \$348.50 City - \$303.36 Employee - \$ 45.14	Total Cost - \$729.00 City - \$635.52 Employee - \$ 93.48	Total Cost - \$1,041.00 City - \$ 907.20 Employee - \$ 133.80	\$
Additional HSA Contribution Per Pay Period (Additional contribution, if noted, taken out on 26 checks) Contributions must not exceed \$3,850 for EE Only /\$7,750 for Family (Two Party is considered family for IRS). Contribution limits referred to are Calendar Year, not plan year. It is the employee's responsibility to ensure contribution limits are not exceeded. Exceeding limits could result in negative tax consequences for the employee.			Additional HSA contribution (optional):	\$
			Per Check Medical Contribution:	\$
DENTAL – Delta Dental	Employee Only	Employee + 1	Family	Per Check Deduction
<input type="checkbox"/> Employee <input type="checkbox"/> Employee + 1 <input type="checkbox"/> Employee + Family	Total Cost - \$28.42 City - \$18.19 Employee - \$10.23	Total Cost - \$48.10 City - \$30.78 Employee - \$17.32	Total Cost - \$71.60 City - \$45.82 Employee - \$25.78	\$
VISION – Vision Service Plan (VSP)	Employee Only	Employee + 1	Family	Per Check Deduction
<input type="checkbox"/> Employee <input type="checkbox"/> Employee + 1 <input type="checkbox"/> Employee + Family	\$18.20 100% City Paid	\$18.20 100% City Paid	\$18.20 100% City Paid	\$0.00
TERM LIFE and AD&D – Lincoln Financial	Automatic Coverage (100% City Paid)			Per Check Deduction
Basic Life Insurance Life Insurance Class Employee Classification Coverage Level <input type="checkbox"/> CLASS 1 Elected official \$5,000 <input type="checkbox"/> CLASS 2 Management \$150,000 <input type="checkbox"/> CLASS 3 Mid-management \$100,000 <input type="checkbox"/> CLASS 4 Hourly \$50,000	Coverage Level \$ _____			\$0.00
FLEXIBLE SPENDING ACCOUNT (iSolved)	Annual Election (A) (Must actively enroll each plan year)			Per Check Deduction (B)
Medical Care (Unreimbursed Medical) Account (Maximum \$3,050 annual election) * Not eligible if participate in Health Savings Account. An employee is allowed \$610 carryover each plan year.	\$	(A)÷ number of pay periods remaining in plan year (July 1 <sup>st</sup> to June 30 <sup>th</sup> ) = (B)		\$
Dependent Care Spending Account (Maximum \$5,000 annual election)	\$			\$
Payroll Use Only – Medical (FS), Dependent Care (FD)	FSA BENEFITS – PER CHECK TOTAL (All 26 checks)			\$
<b>TOTAL PER CHECK DEDUCTIONS</b> (Medical, Dental, Vision, Life and Flexible Spending)				\$
LONG TERM DISABILITY – Lincoln Financial	City of Fort Bragg pays 50% of premium. (Monthly Salary = _____) Maximum monthly salary for calculation is \$6,000			Monthly Deduction (1 <sup>st</sup> check of month ONLY)
Contributory Plan <input type="checkbox"/> Employee Only	Bi-weekly premium rate: 0.002355 (This is the employee's portion)			\$
PORAC LONG TERM DISABILITY (Sworn Officers ONLY)	City of Fort Bragg pays 50% of premium			MONTHLY Deduction (2 <sup>nd</sup> check of the month ONLY)
Sworn officer means any non-management member of FBPD designated as a Public Safety Employee by Law/City designation and eligible for Safety PERS contribution.	Total Cost - \$29.70 (Rate subject to change as per PORAC at any time) City - \$ 8.60 (As per current FBPA Memorandum of Understanding, pro-rated) Employee (Sworn Officer) - \$21.10			\$
EMPLOYEE ASSISTANCE PLAN (EAP) - Aetna	AUTOMATIC COVERAGE			MONTHLY Deduction
	Total Cost \$2.84 100% paid by City			\$0.00

SUPPLEMENTAL EMPLOYEE BENEFIT DEDUCTIONS			
AFLAC ACCIDENT (All 26 PAY CHECKS)	\$	Empower 457b Deferred Compensation/Retirement (All 26 Pay Checks)	\$
AFLAC CANCER (All 26 PAY CHECKS)	\$	UNIFORM ALLOWANCE (1 <sup>ST</sup> TWO CHECKS OF MONTH)	\$
AFLAC CRITICAL CARE (All 26 PAY CHECKS)	\$	FBPA UNION DUES (Twice a month) (All 26 PAY CHECKS)	\$
AFLAC HOSPITAL (All 26 PAY CHECKS)	\$	SEIU UNION DUES (Twice a month) (All 26 PAY CHECKS)	\$
AFLAC SPECIFIED HEALTH EVENT (All 26 PAY CHECKS)	\$	CV STARR MEMBERSHIP (ALL 26 PAY CHECKS)	\$
AFLAC Life (All 26 Pay Checks)	\$	OTHER	

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

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PAYROLL USE ONLY			
BI-WEEKLY MEDICAL PREMIUM (CREDIT)		MONTHLY MEDICAL BENEFIT	
BI-WEEKLY DENTAL PREMIUM		MONTHLY DENTAL BENEFIT	
BI-WEEKLY LTD PREMIUM		MONTHLY VISION BENEFIT	\$18.20
		MONTHLY LIFE BENEFIT	
		MONTHLY LTD BENEFIT	
		MONTHLY EAP BENEFIT	\$2.84