



**DELCO FOODS/DFI  
Employee Election Form  
2021 Plan Year**

|                    |                   |
|--------------------|-------------------|
| <b>FIRST NAME:</b> | <b>LAST NAME:</b> |
| <b>SSN:</b>        | <b>ADDRESS:</b>   |

*Please note the plan year for medical coverage is from 1/1/2021-12/31/2021.*

Delco employee rates will remain at the 2018 amount, once again. Employee rates will not change across all tiers. We are holding rates constant, despite a difficult business climate due to the ongoing pandemic.

Choose one medical plan and tier or waive insurance coverage. 2021 rates include Non-Tobacco and Tobacco Rates. Contributions are shown *per pay* (26 pays).

- Keep Same Options as Previously Chosen**
                         
  **Non-Tobacco User**
                         
  **Tobacco User**

|   |                                      |                       |                                    |                          |                       |          |
|---|--------------------------------------|-----------------------|------------------------------------|--------------------------|-----------------------|----------|
| <b>Non-Tobacco User</b>   | <b>Plan 1 – HSA \$3,000 (Buy-up)</b> |                       | <b>Plan 2 – HSA \$5,000 (Core)</b> |                          |                       |          |
|   | <input type="checkbox"/>             | Employee              | \$34.21                            | <input type="checkbox"/> | Employee              | \$25.00  |
|   | <input type="checkbox"/>             | Employee & Spouse     | \$198.88                           | <input type="checkbox"/> | Employee & Spouse     | \$182.14 |
|   | <input type="checkbox"/>             | Employee & Child(ren) | \$180.98                           | <input type="checkbox"/> | Employee & Child(ren) | \$169.83 |
|   | <input type="checkbox"/>             | Family                | \$377.76                           | <input type="checkbox"/> | Family                | \$360.13 |
|   |                                      |                       |                                    |                          |                       |          |
| <b>Tobacco User</b>   | <b>Plan 1 – HSA \$3,000 (Buy-up)</b> |                       | <b>Plan 2 – HSA \$5,000 (Core)</b> |                          |                       |          |
|   | <input type="checkbox"/>             | Employee              | \$59.21                            | <input type="checkbox"/> | Employee              | \$50.00  |
|   | <input type="checkbox"/>             | Employee & Spouse     | \$223.88                           | <input type="checkbox"/> | Employee & Spouse     | \$207.14 |
|   | <input type="checkbox"/>             | Employee & Child(ren) | \$205.98                           | <input type="checkbox"/> | Employee & Child(ren) | \$194.83 |
|   | <input type="checkbox"/>             | Family                | \$402.76                           | <input type="checkbox"/> | Family                | \$385.13 |
|   |                                      |                       |                                    |                          |                       |          |
| <input type="checkbox"/> <b>I wish to Waive Medical Insurance Coverage (Please indicate reason)</b>   |                                      |                       |                                    |                          |                       |          |
| <input type="checkbox"/> Spouse Insurance <input type="checkbox"/> Individual Insurance <input type="checkbox"/> Other State/Federal Plan <input type="checkbox"/> Uninsured <input type="checkbox"/> Other _____ |                                      |                       |                                    |                          |                       |          |

**HSA Additional Contribution:**

I would like to contribute \$\_\_\_\_\_ per pay to my HSA account.

**Voluntary Vision: Delco offers vision insurance at the below per pay premiums:**

- Employee \$3.40  
  Employee & Spouse \$5.94  
  Employee & Child(ren) \$6.45  
  Family \$9.84  
  Waive Coverage

**Voluntary Dental: Delco offers dental insurance at the below per pay premiums:**

- Employee \$9.40  
  Employee & Spouse \$24.49  
  Employee & Child(ren) \$31.67  
  Family \$46.31  
  Waive Coverage

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_