



**DELCO FOODS/DFI
Employee Election Form
2022 Plan Year**

FIRST NAME:	LAST NAME:
SSN:	ADDRESS:

Please note the plan year for medical coverage is from 1/1/2022-12/31/2022.

New: We are giving you the opportunity to elect short and long-term disability, additional life insurance, accident and critical illness during this Open Enrollment. See Human Resources for more information.

Choose one medical plan and tier or waive insurance coverage. 2022 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

Non-Tobacco User	Plan 1 – HSA \$3,000 (Buy-up)		Plan 2 – HSA \$5,000 (Core)			
	<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
Tobacco User (including e-cigs, i.e. Juuls)	Plan 1 – HSA \$3,000 (Buy-up)		Plan 2 – HSA \$5,000 (Core)			
	<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"/> <i>I wish to Waive Medical Insurance Coverage (Please indicate reason)</i>						
<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:** _____