

EMPLOYEE REQUEST FOR BENEFITS - LAMPASAS COUNTY



For Office Use:

Employee Name <small>(Last, First, Initial)</small>	Department:
Employee No.:	Social Security No.:

EMPLOYEE BENEFITS ACTION (full time status required to receive benefits)

NEW HIRE/CHANGE

Date of Hire:	Employee Coverage - Payroll Deduction per pay period	Pre Tax	Post Tax	Optional Coverage:	Payroll Deduction per pay period	Pre Tax prem only	Post Tax
1 Health Insurance (Scott and White)	employee \$0 (county pays premium)	NA	NA	employee + spouse	\$ 301.00		
				employee + child	\$ 156.56		
				employee + children	\$ 163.49		
				employee + family	\$ 398.33		
2 Life Insurance and AD & D	employee \$0 (county pays premium)	NA	NA	Dependent	\$ 1.85	NA	NA
3 Dental (Ameritas)	employee \$ 17.98			Employee + 1 dep	\$ 34.93		
				Employee + 2 or more dependents	\$ 51.60		
4 Vision (Ameritas)	employee \$ 3.21			Employee + 1 dep	\$ 6.43		
				Employee + 2 or more dependents	\$ 9.21		
5 Liberty	employee			children			X
Term Life				spouse			X
6 Colonial	employee			children			X
Cancer				spouse			X
Accident							
Term Life							
Sickness							
Short term Disability							
Critical Illness							
Hospitalization							
6 Flex Med/pre tax deduction	employee		X				
Annual amount							
<i>Total Employee Deductions - single coverages</i>				<i>Total Employee Deductions - Family/Dependent Coverages</i>			
7 Retirement (TCDRS)	employee 7% of salary						
matched by 16% County contribution, vested at 8 years							

Notes:

TERMINATION OF EMPLOYMENT

Official Last Date of Employment: _____ Last Day Worked: _____

1 Health - (Conexis) for COBRA/optional up to 18 months self paid
 2 Ameritas, Liberty, Colonial - may continue self paid, provide contact information

Notes:

SIGNATURES

Employee Signature - reviewed and understand above _____
 Human Resources Signature - reviewed and agree per County policy _____
 Payroll Signature - reviewed and agree per Payroll procedures _____