

2013 Annual Election / Benefits Change Form

City of Little Rock



Employee # _____

SSN	Last Name	First Name	MI	Date of Birth
Address		City	State	ZipCode
Phone	Department	Job Title	Sex	Marital Status
Effective Date	Date of Hire	Reason for Change		

Qualchoice Medical Plan	Employee Cost/Month	City Cost/Month	Coverage Level
Employee Only	\$0.00	\$397.80	<input type="checkbox"/> Employee Only
Family Coverage	\$424.58	\$669.80	<input type="checkbox"/> Family

VSP Optical Plan (non-unif)	Employee Cost/Month	City Cost/Month	Coverage Level
Employee Only	\$0.00	\$5.00	<input type="checkbox"/> Employee Only
Family Coverage	\$2.00	\$5.00	<input type="checkbox"/> Family

Delta Dental - Basic Plan	Employee Cost/Month	City Cost/Month	Coverage Level
Employee Only	\$0.00	\$21.60	<input type="checkbox"/> Employee Only
Family Coverage	\$27.86	\$27.60	<input type="checkbox"/> Family

Delta Dental - Expanded Plan	Employee Cost/Month	City Cost/Month	Coverage Level
Employee Only	\$5.38	\$21.60	<input type="checkbox"/> Employee Only
Family Coverage	\$52.18	\$27.60	<input type="checkbox"/> Family

Dependent Information - attach separate page if additional space is needed. **Please circle one: Add Delete**

Name	Date of Birth	SSN	Sex	Plan
Spouse				<input type="checkbox"/> Medical/VSP <input type="checkbox"/> Dental
Child				<input type="checkbox"/> Medical/VSP <input type="checkbox"/> Dental
Child				<input type="checkbox"/> Medical/VSP <input type="checkbox"/> Dental
Child				<input type="checkbox"/> Medical/VSP <input type="checkbox"/> Dental
Child				<input type="checkbox"/> Medical/VSP <input type="checkbox"/> Dental

Beneficiary Information - List the individuals you wish to receive Life Insurance, AD&D & Pension proceeds. Unless Primary, Secondary or a percentage is indicated, payment will be made equally to all persons named. If additional space is needed, please use separate page and attach.

Name	Date of Birth	Relationship	P/S or %	Plan
				<input type="checkbox"/> Life/AD&D <input type="checkbox"/> Pension/457
				<input type="checkbox"/> Life/AD&D <input type="checkbox"/> Pension/457
				<input type="checkbox"/> Life/AD&D <input type="checkbox"/> Pension/457
				<input type="checkbox"/> Life/AD&D <input type="checkbox"/> Pension/457
				<input type="checkbox"/> Life/AD&D <input type="checkbox"/> Pension/457

Employee Signature:	Date:
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