

2014 HEALTH PLAN SELECTION FORM

Wheaton Park District

Current Plans Offered In 2013

2014 Coverage Selection

(Please check all coverages you wish to provide employees in 2014.)

Plan A \$500 Deductible PPO	<input type="checkbox"/> \$250 Deductible PPO <input checked="" type="checkbox"/> \$500 Deductible PPO <input type="checkbox"/> \$1,000 Deductible PPO <input type="checkbox"/> \$2,500 Deductible PPO
HMO	<input checked="" type="checkbox"/> HMO (your agency may offer HMO plus one PPO option)
Dental/Ortho	<input type="checkbox"/> Basic Dental <input checked="" type="checkbox"/> Dental/Ortho
Life Option V 1.5x200K	<input type="checkbox"/> Life Option I 1 times annual salary up to \$200,000 <input type="checkbox"/> Life Option II 2 times annual salary up to \$200,000 <input type="checkbox"/> Life Option III Flat \$25,000 <input type="checkbox"/> Life Option IV 2 times annual salary up to \$100,000 <input checked="" type="checkbox"/> Life Option V 1.5 times annual salary up to \$200,000 <input type="checkbox"/> Life Option VI Flat \$50,000 <input type="checkbox"/> Life Option VII 1.5 times annual salary up to \$50,000
EAP	<input checked="" type="checkbox"/> EAP
Additional Term Life	<input checked="" type="checkbox"/> Additional Term Life
	<input type="checkbox"/> Vision \$200 Option <input type="checkbox"/> Vision \$400 Option
	<input type="checkbox"/> Domestic Partners as Eligible Dependent

Name and title (please print)

Michael Benard, Executive Director

Signature

Date

November 8, 2013

Please FAX this form to PDRMA by Nov. 1, 2013. Call if you need more time.

FAX: 630-769-0125 - Phone: 630-435-8998