General Employees/SEIU

Employee_____ Employee Number_____
Social Security Number_____ Calendar Year 2005
Bargaining Unit_____ Purpose/Action_____
Medical Health Plan Enrollment ☐Yes ☐No Effective Date_____

	Single	Employee + One	Family
Designated Flex Credits	**390.32**	**731.19**	**987.21**

Designation

Flex Credits	**390.32**	**731.19**	**987.21**
Medical Plan Premiums			
Health Plan			
Balance Flex Credits			
Salary Redirection			
Dental Plan Premiums	**36.00**	**78.00**	**104.00**
Flex Credits (if any)			
Balance Flex Credits (if any)			
Salary Redirection			
Vision Plan Premiums	**14.34**	**30.82**	**30.82**
Flex Credits (if any)			
Balance Flex Credits (if any)			
Salary Redirection			

Administration Fee

☐ Health Plan Insurances, AFLAC Supplement Insurances & Flexible Spending Accounts (URM, Dependent Care) - $5.00 per month

Employee Signature_____ Date_____