

Eligibility Date: _____ / _____ / _____

1ST of the month where first 90 days of permanent employment falls.

Star Premium Benefits Coverage
1/1/2020-12/31/2020 (See Benefit Plan Summary for details.)

Employee Name: _____

Thanks to an agreement management has made with the benefits facilitator we have a reduction to the premium in 2020 for employee's who agree to not smoke while at work.

STAR NON-SMOKER AGREEMENT: I will not SMOKE or use a VAPE while at work.

Signature _____ **Print Name** _____ **Date** _____

Listed below are the 26 **bi-weekly** premium healthcare options starting _____ / _____ / _____

<u>Circle Your Selection</u>	<u>Employee</u>	<u>Employee &/Spouse</u>	<u>Employee & Child / Children</u>	<u>Employee & Family</u>
LV Flex Blue HSA 4000	\$67.95	\$299.95	\$309.95	\$489.95
LV Flex Blue PPO 2000	\$95.95	\$359.95	\$369.95	\$529.95
LV Flex Blue PPO 1000	\$116.95	\$389.95	\$429.95	\$569.95
Dental Plan until 06/30/19:	\$11.32	\$37.55	\$37.55	\$37.55
Vision Plan until 06/30/19:	\$1.67	\$4.98	\$4.98	\$4.98

I choose to be enrolled in the above circled plan offered by the Star Dealerships: _____

I decline coverage _____

Spousal Employment Affirmation

If you are married and your spouse is employed full time and has Medical/Rx coverage available to him/her. I understand that my spouse is not considered an eligible dependent under my Medical/RX coverage. Initial _____

401K: You have the option to enroll in a 401K Retirement plan after 1 year of employment. Please let HR know of your intent to enroll or waive your 401K plan.

_____ **I wish to enroll in the 401(k) Retirement Plan.**

_____ **I am declining** participation in the 401(k) Retirement Plan.

INFORMATION ABOUT THE ACA GOVERNMENT HEALTHCARE MARKETPLACE CAN BE FOUND AT: www.healthcare.gov

Employee Signature: _____ **Date:** _____

Employee Print Name: _____