



**Star Standard Benefits Coverage**  
1/1/2025-12/31/2025  
(See Benefit Plan Summary for details.)

Employee Name: \_\_\_\_\_ Employee# \_\_\_\_\_ Hire Date \_\_\_\_/\_\_\_\_/\_\_\_\_

	<u>Employee</u>	<u>Employee &amp; Spouse</u>	<u>Employee &amp; Child/Children</u>	<u>Employee &amp; Family</u>
<b>Circle Your Selection</b>				
<b>LV Flex Blue HSA 4000</b>	<b>\$115.95</b>	\$409.95	\$419.95	\$661.95
<b>LV Flex Blue PPO 2000</b>	<b>\$169.95</b>	\$499.95	\$499.95	\$719.95
<b>LV Flex Blue PPO 1000</b>	<b>\$199.95</b>	\$535.95	\$590.95	\$768.95
<b>Dental Plan until 06/30/25:</b>	<b>\$10.64</b>	\$35.30	\$35.30	\$35.30
<b>Vision Plan until 06/30/25:</b>	<b>\$1.67</b>	\$4.98	\$4.98	\$4.98

**I choose to be enrolled in the above circled plan offered by the Star Dealerships:** \_\_\_\_\_

**\*Add a Health Savings Account (HSA) in the amount of \$\_\_\_\_\_ per bi-weekly pay.**

**I decline HighMark Blue Shield medical & drug coverage:** \_\_\_\_\_ **Date** \_\_\_\_\_

**I wish to enroll in the Prudential Life Insurance benefit offered by Star** \_\_\_\_\_

**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](http://www.healthcare.gov)

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Employee Print Name: \_\_\_\_\_

\*HSA4000 only