



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

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

NON-SMOKER AGREEMENT: I will not smoke or vape while at work. Initial: \_\_\_\_\_

	<u>Employee</u>	<u>Employee &amp; Spouse</u>	<u>Employee &amp; Child/Children</u>	<u>Employee &amp; Family</u>
<b>Circle Your Selection</b>				
LV Flex Blue HSA 4000	\$99.95	\$395.95	\$407.95	\$641.95
LV Flex Blue PPO 2000	\$152.95	\$481.95	\$493.95	\$703.95
LV Flex Blue PPO 1000	\$188.95	\$522.95	\$570.95	\$753.95
<u>Dental Plan until 06/30/25:</u>	\$10.64	\$35.30	\$35.30	\$35.30
<u>Vision Plan until 06/30/25:</u>	\$1.67	\$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