

**Eligibility Date:**                    /                    /

1<sup>ST</sup> of the month where first 90 days of permanent employment falls.

**Star Premium Benefits Coverage**  
1/1/2021-12/31/2021 (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 2021 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 &amp;/Spouse</u>	<u>Employee &amp; Child / Children</u>	<u>Employee &amp; Family</u>
LV Flex Blue HSA 4000	<b>\$67.95</b>	\$299.95	\$309.95	\$489.95
LV Flex Blue PPO 2000	<b>\$95.95</b>	\$359.95	\$369.95	\$529.95
LV Flex Blue PPO 1000	<b>\$116.95</b>	\$389.95	\$429.95	\$569.95
<b>Dental Plan until 06/30/21:</b>	<b>\$11.32</b>	\$37.55	\$37.55	\$37.55
<b>Vision Plan until 06/30/21:</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:** \_\_\_\_\_

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

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

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