Yuba Community College

Yuba Community College

Benefits Election Form

Name_____DOB_____ M☐ F☐

SSN:_____ State/Country Born_____Height_____ Weight_____

Job Title_____

Your Mailing Address_____

City_____State_____ Zip_____

CellPhone (_____)_____Gross Yearly Salary:_____

Personal Email_____ Date of Hire_____

Driver's License/State ID #:_____

***If including dependents please fill out this section**

Spouse's Name_____DOB_____ M☐ F☐

Dependent Children to be covered? Yes ☐ No ☐ (coverage available to age 26)

Name	DOB	M/F	Name	DOB	M/F

Have you used Tobacco in the last 12 months? Y☐ N☐

Does everyone to be covered currently have Major Medical Coverage? Y☐ N☐

Has anyone listed above ever been treated for Cancer, Heart Attack or Stroke? Y☐ N☐
If so, list type & dates treated below:

_____

_____

Does anyone listed above have Diabetes or need a surgery? Y☐ N☐

Beneficiary: _____Relationship_____DOB_____ M☐ F☐

Address:_____Phone (_____)_____

Yuba Community College

Aflac Elections: Below are Per **Monthly** Paycheck Rates: Please select the plans you are enrolling in:

Accident Advantage - Off-Job ACCIDENT INCLUDING WELLNESS BENEFIT OPTION 3 - Series A36000

Age	Individual	Insured/Spouse	One Parent Family	Two Parent Family	Declined
18-64	$19.76 ☐	$28.08 ☐	$32.89 ☐	$42.77 ☐	☐

CRITICAL CARE PROTECTION POLICY (Option 1) - Series A74100

Age	Individual	Insured/Spouse	One Parent Family	Two Parent Family	Declined
18-35	$9.36 ☐	$13.39 ☐	$10.40 ☐	$15.47 ☐	☐
36-45	$14.56 ☐	$22.36 ☐	$15.08 ☐	$24.70 ☐	
46-55	$20.28 ☐	$33.54 ☐	$20.93 ☐	$36.40 ☐	
56-64	$27.30 ☐	$49.14 ☐	$27.95 ☐	$52.52 ☐	

AFLAC HOSPITAL CHOICE - Option 1 Benefit Amount 500 - Series B40100

Age	Individual	Insured/Spouse	One Parent Family	Two Parent Family	Declined
18-49	$29.25 ☐	$47.84 ☐	$46.54 ☐	$56.42 ☐	☐
50-59	$31.46 ☐	$52.26 ☐	$47.58 ☐	$57.46 ☐	
60-64	$32.11 ☐	$53.17 ☐	$48.75 ☐	$59.41 ☐	

*** Includes EBR Rider**

CANCER PROTECTION ASSURANCE PLAN LEVEL 2 - Series B70200

Age	Individual	Insured/Spouse	One Parent Family	Two Parent Family	Declined
18-64	$33.50 ☐	$57.64 ☐	$33.50 ☐	$57.64 ☐	☐

*** No IDR Rider included**

AFLAC-SHORT TERM DISABILITY - Series A-57600

Elimination Period Accident/Sickness - 14/14 DAYS											Decline
Annual Income	$21,000	$28,000	$37,000	$40,000	$50,000	$53,000	$56,000	$59,000	$62,000	$104,000	
Benefit Amount	$500	$600	$700	$800	$900	$1,000	$1,100	$1,200	$1,300	$1,400	☐
Age 18-49	$13.65 ☐	$16.38 ☐	$19.11 ☐	$21.84 ☐	$24.57 ☐	$27.30 ☐	$30.03 ☐	$32.76 ☐	$35.49 ☐	$38.22 ☐	
Age 50-64	$16.25 ☐	$19.50 ☐	$22.75 ☐	$26.00 ☐	$29.25 ☐	$32.50 ☐	$35.75 ☐	$39.00 ☐	$42.25 ☐	$45.50 ☐	

Please Check Box Below:

☐ I, the below named employee, do elect the above circled coverage and understand these elections will be entered into the Everwell system where my name will be typed and serve as my signature for the above elections. I understand coverage is effective on the date listed below and I authorize my employer to deduct the above amount from my paycheck. *I understand that any pre-tax elections cannot be changed or revoked prior to the next plan anniversary date, unless I have a qualifying event.*. I also agree that all underwriting questions were asked and answered truthfully and to the best of my ability.

☐ Please keep my existing coverage the same.

☐ I, the below named employee, have chosen to **waive** coverage during this year's open enrollment (this does not cancel existing coverage).

Print Name:_____ ____

Signature:_____ Date:_____