Birmingham
PUBLIC SCHOOLS

2021 Benefit Election Form - BAP

Employee Information

Name				Work Location
Address (Street)	(City)	(State)	(Zip)	Phone Number
Marital Status ❑ Single ❑ Married		Employee Group BAP		Date of Birth

Dependent Information ❑ ADD ❑ REMOVE

Relation	Name	Social Security #	Date of Birth	Gender	Medical	Dental	Vision
Dep 1					❑	❑	❑
Dep 2					❑	❑	❑
Dep 3					❑	❑	❑
Dep 4					❑	❑	❑

Note: If you are **adding** a spouse to the plan, you must attach a copy of a marriage license. If you are **adding** a child, you must attach a copy of a birth certificate.

Medical Plan Selections (Single coverage only year 1 and 2)

	Single	Two Person	Family
MESSA – Choices 500/1000	❑	❑	❑
MESSA – Choices 1000/2000	❑	❑	❑
MESSA – ABC	❑	❑	❑
Annual Opt Out Cash-in-Lieu You Receive	**$2,400 spread over 20 pays**	❑	**(will be prorated by FTE)**

PRORATED FOR LESS THAN 1.0 FTE

Dental Plan Selections (Single coverage only year 1 and 2)

	Single	Two Person	Family
Delta	❑	❑	❑

Vision Plan Selections (Single coverage only year 1 and 2)

	Single	Two Person	Family
BCBS Vision	❑	❑	❑

❑ Opt Out Attestation of Other Health Insurance Coverage

I choose to decline medical and prescription drug coverage offered by Birmingham Public Schools. By signing below, I attest I understand that the Patient Protection and Affordable Care Act, also called Health Care Reform requires most individuals to have health insurance. All members of my Tax Family have or will have Minimum Essential Coverage for the entire plan year, January 1, 2021 through December 31,2021. "Tax Family" includes you and all other individuals you reasonably expect to claim a personal exemption deduction for the taxable year or years covered by the opt-out time period. "Minimum Essential Coverage" is medical coverage that meets minimum standards under the Affordable Care Act. It does not include coverage purchased in the individual market, whether or not obtained through the Marketplace. I understand that I will have an opportunity to enroll for medical and prescription drug coverage during the next annual benefit enrollment period, or I may enroll for coverage before then if I qualify for a special enrollment period or have a qualifying change in status. I understand that to enroll for coverage during a special enrollment period or due to a qualifying change in status, I must request coverage from my employer within 30 days of the event. I understand that this Attestation is required annually to continue and I affirm the information I am providing is true and accurate to the best of my knowledge.

Name ______________________ **Date** ______________________

Optional Short Term Disability Selections

See attachment for rates	❑ 8th Day	❑ 29th Day	Opt Out for 2021
Please elect a weekly benefit amount based on your salary. You can cover no more than your annual salary.	$		

MetLife Beneficiary Information

Benefits for beneficiary(ies) under age 18 will be sent through probate court to decide disposition. Please use an additional sheet of paper as needed for beneficiary designation.

Name, Address, Telephone Number		SS#	Gender	Relationship	% Share	Primary / Secondary
____________________ First, Middle, Last Name	________ Birthdate					
____________________ Address, City, State, Zip	________ Phone #	_____-____-_____	_______	___________	_______	☐ Primary ☐ Secondary
____________________ First, Middle, Last Name	________ Birthdate					
____________________ Address, City, State, Zip	________ Phone #	_____-____-_____	_______	___________	_______	☐ Primary ☐ Secondary

Health Savings / Flexible Spending Accounts

To elect HSA/FSA for 2021, you must complete this section

	Annual Election	Per Pay Election
❑ **Health Savings Account (Health Equity)** Only available if you elect MESSA ABC high deductible health plan maximum deposit for 2021 is $3,600 for single and $7,200 for family. $1,000 catch-up contribution is allowed for taxpayers 55 and older	$____________	$____________
❑ **Health Care Reimbursement Account (TASC)** Only available if you elect MESSA Choices You may elect up to $2,700 annually	$____________	$____________
❑ **Dependent Care Reimbursement Account (TASC)** You may elect up to $5,000 annually or $2,500 annually if married filing separate tax returns	$____________	$____________

Please Sign Below **Required**

I am applying for the benefits that I have noted above under the Birmingham Public Schools Benefit Plan. I understand that the benefits which I am electing on this form are governed by the Plan document, and are described in the Summary Plan Descriptions that have been provided to me, and which I have had the opportunity to review. I also understand that if there are any inconsistencies between the description of benefits on this form, or in the Summary Plan Descriptions, and the Plan document, the rules in the Plan document control. I understand that Birmingham Public Schools retains the right to amend, modify, or terminate this Plan at any time. I understand that the elections I have made may not be changed during the plan year unless I have a qualified change in status. ***I also understand that I am responsible for notifying Birmingham Public Schools in writing of any change in my status within 30 days of the change or I lose my right to make changes and may disqualify myself and my dependents from coverage***. I authorize Birmingham Public Schools to deduct all pre-tax and post-tax contributions, located on the District's website, as required by the selections I have made on this form and to deduct any missed premiums from my future pays as needed to prevent a lapse in coverage. I understand the eligibility terms and conditions are listed on the Birmingham Public Schools intranet website, along with the plan's governing documents.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

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Signature: *Date:*