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## ***Town of Sellersburg Benefits Election Form Plan Year 2022***

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Circle your elections below:

**Humana Health:**

Circle Selected Coverage	Employee	Employee + Spouse	Employee + Child(ren)	Family	I decline coverage
Non-GO365	\$9.34	\$180.53	\$149.40	\$351.72	
GO365 Silver	\$0.00	\$134.77	\$108.00	\$282.00	
GO365 Gold	\$0.00	\$82.49	\$60.69	\$202.32	

**Humana Dental (Town Pays 100% of premiums):**

Employee	Employee + Spouse	Employee + Child(ren)	Family	I decline coverage

**Humana Vision:**

Employee \$4.07	Employee + Spouse \$8.14	Employee + Child(ren) \$7.73	Family \$12.15	I decline coverage

**Principal Life:**

Employee	Employee + Spouse	Employee + Child(ren)	Family	I decline coverage

Signature: \_\_\_\_\_

Date: \_\_\_\_\_