

YOUR BENEFITS GUIDE



2019 Open Enrollment

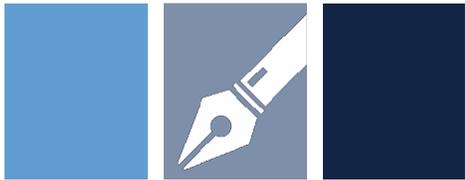


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Assistant County Administrator Letter



As an employee of Douglas County, you may be eligible for certain benefits—such as medical, dental, vision and life insurance—at group rates. Douglas County pays for the majority of the monthly cost of the benefits you choose to enroll in, and you pay a portion as well.

Your County-sponsored benefits are more valuable than ever before—and they account for a large portion of the total compensation you receive as an employee of Douglas County. Rest assured that we are working hard to provide the best pay and benefits for you and for your family.

It's important that you read through this benefits guide carefully so that you can understand what each benefit pays for, and how to access coverage when you need it. You may want to share this information with family members as well. We encourage you to read the summary plan description for the plan so that you are also familiar with any limitations and exclusions that may apply.

You have an important responsibility when it comes to accessing your benefits. The plan does not require you to see a pre-selected Primary Care Physician or obtain a referral for specialty, hospital, laboratory services or other provider's care. You choose your providers from the Cigna network whenever or wherever you need care. With this freedom comes an important responsibility; you should make sure that you are receiving care from network providers in order for your expenses to be paid at the higher in-network level. **It is necessary to confirm with your provider that they are in-network before services are rendered.**

Remember that the open enrollment window opens on May 7th and ends on May 14th. . It's important you enroll during this time period as you will not have an opportunity to enroll afterwards unless you have a qualifying life event (keep reading to learn more). **Open enrollment meetings will be held at Douglas County on May 8th, 9th, 10th and 13th at 7:30 am, 10 am, 2 PM, and 4 PM**

Thank you for taking the time to learn about your benefits choices and for enrolling on time.



BENEFIT BASICS



Here at Douglas County, you have access to a variety of benefits to provide financial wellness for you and your family. Please read this guide to learn more about your benefits.

Eligibility

Most employees are eligible for the benefits described in this guide. You are eligible for benefits if you work at least 20 hours per week. Most of your benefits are effective on the first day of the month following your date of hire. Your dependents can also enroll for coverage, including:

- Your legal spouse
- Your children up to age 26.

Your benefits will take effect on June 1, 2019 and will remain in effect through May 31, 2020. Remember that you may only change coverage if you experience a qualifying life event, as described below.

Qualifying Life Events

Generally, you may only make or change your existing benefit elections during the open enrollment window. However, you may change your benefit elections during the year if you experience an event such as:

- Marriage
- Divorce or legal separation
- Birth of your child
- Death of your spouse or dependent child
- Adoption of or placement for adoption of your child
- Change in employment status of employee, spouse or dependent child
- Qualification by the Plan Administrator of a child support order for medical coverage
- New entitlement to Medicare or Medicaid
- Spouse's or dependent's open enrollment

You must notify Administrative Services within 31 days of a qualifying life event. Depending on the type of event, you may need to provide proof of the event, such as a marriage license or birth certificate. Administrative Services will let you know what documentation you should provide. If you do not contact Administrative Services within 31 days of the qualified event, you will have to wait until the next open enrollment window to make changes (unless you experience another qualifying life event).

Please note that Douglas County has revised our definition of who an eligible dependent. Effective June 1, 2018, this definition no longer includes domestic partners due to the recent change in federal law recognizing same-sex marriage.

For More Information About Your Benefits

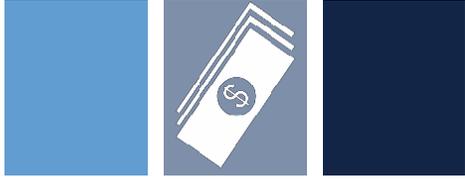
Phone: 785-832-5327

Email: kwempe@douglas-county.com

Online: Benefits Direct website at <http://mybenefitsportal.com/douglas/> for voluntary benefits



BENEFIT COSTS

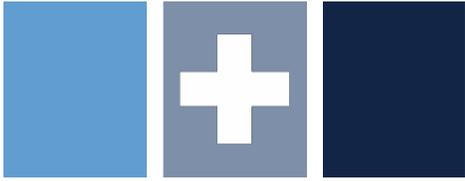


Douglas County pays for some of your benefits and you share the cost for others, as shown below:

BENEFIT	WHO PAYS	TAX TREATMENT
Medical Coverage	The County & You	Pretax
First Stop Health Telemedicine	The County	N/A
Dental Coverage	The County & You	Pretax
Vision Coverage (materials only plan/eye exams are covered under the medical policy)	You	Pretax
Basic Life and Accidental Death & Dismemberment (AD&D) Insurance	KPERS	After-tax
Voluntary Life and Accidental Death & Dismemberment (AD&D) Insurance	You	After-tax
Disability Coverage	KPERS	After-tax
Flexible Spending Accounts	You	Pretax
Employee Assistance Plan	The County	After Tax
Kansas Public Employee Retirement System (KPERS)	The County & You	Pretax
Deferred Compensation	You	Pretax



HEALTH CARE COVERAGE



Your health care coverage includes medical, prescription drug and dental. Detailed information about each plan is in this section. If you have questions, please contact Administrative Services.

Your Health Care Plan

Douglas County is self-insured, using Coresource to administrator medical claims and Cigna as the plan's preferred provider network (PPO). Prescription drug claims are administered by Medtrak Services. Dental claims are administered by Delta Dental of Kansas.

In/Out-of-Network Coverage

The medical plan features in and out-of-network coverage; individual and family deductibles; copays; coinsurance; and out-of-pocket maximums. If you don't understand some of these terms, please refer to the Glossary.

You may use in- or out-of-network providers. You will always pay less if you see a doctor or receive services within the Cigna provider network because the plan pays more "in-network."

Deductible

You must meet an annual deductible before the medical plan begins to cover a portion of your costs; Once the deductible is met, the medical plan begins to pay for a percentage of covered expenses (this is called coinsurance).

Out-of-pocket maximums

An Out-of-pocket maximum applies to the plan. This is the maximum amount you will pay for health care costs in a calendar year. Once you have reached the out-of-pocket maximum, the plan will fully cover eligible medical and prescription drug expenses for the rest of the calendar year. **If you see an out-of-network provider, you may be responsible for out-of-pocket costs that are considered above the "reasonable and customary" fees.**



MEDICAL PLAN



Services provided by the following contracted providers will be paid at the in-network rate: Douglas County Visiting Nurse, Bert Nash Mental Health, Lawrence/Douglas County Ambulance, Qualicare. Services at an in-network facility rendered by an out-of-network provider for Radiology, Pathology or Anesthesia will be paid at the in-network rate.

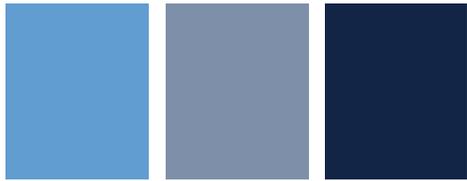
Plan Provision	In-Network	Out-of-Network
Annual Deductible (Individual/Family)	\$500/\$650	\$800/\$1,250
Out-of-Pocket Maximum (Includes Deductible, Coinsurance and Copays). Aa separate out-of-pocket maximum applies to prescription drugs.	\$2,500 Single \$4,450 Family	\$3,600 Single \$6,650 Family
Lifetime Maximum	Unlimited	
Preventive Care	100%	100%
Primary Physician/Specialist Office Visit	\$25/\$50 Copay	50%*
Chiropractic Care - \$500 annual maximum	70% up to \$25 maximum	50% up to \$25 maximum
X-Ray and Lab	80%*	50%*
Inpatient/Outpatient Hospital Services	80%*	50%*
Vision Exam (1 exam per year) \$50 maximum for purchase of eyewear	100%	100%
Urgent Care	80%*	50%*
Emergency Room Care	\$200 copay, then 80%	
Prescription Drug Out-of-Pocket Maximum (Individual/Family)	\$5,400/\$11,350	
Retail Prescription Drugs (30 day supply) Generic < \$100 Generic > \$100 Brand Preferred Brand Non-preferred	\$25 copay \$50 copay \$60 copay \$80 copay	
Retail Prescription Drugs (90-day supply) Generic < \$300 Generic > \$300 Brand Preferred Brand Non-preferred	\$75 copay \$150 copay \$180 copay \$240 copay	
Specialty Rx Copay	20% Copay (\$35 min/\$200 max per fill)	

***After deductible is met**

Note: This is a summary only of your coverage. In-network services are based on negotiated charges; out-of-network services are based on reasonable and customary (R&C) charges.



TELEMEDICINE



First Stop Health will continue to provide Telemedicine benefits at no cost to you or your family members. Telemedicine can be a convenient way to get medical care for illnesses such as sore throat, cough, sinus infection, skin infections, ear aches and more.

Telemedicine Benefits

24/7 phone and online access to US Based physicians

Diagnosis and treatment provided conveniently via phone

Prescriptions when appropriate

Provided FREE to benefit-enrolled employees and their family members by Douglas County

Treatable illnesses include sore throat, cough, sinus infection, skin infection, ear aches and more.

Treatable illnesses include sore throat, cough, sinus infection, skin infection, ear aches and more.

Call toll free 1-888-691-7867



DENTAL PLAN



Your dental plan provides coverage for routine exams and cleanings and pays for a portion of other services, as shown in the chart below.

It's important to have regular dental exams and cleanings so problems are detected before they become painful—and expensive. Keeping your teeth and gums clean and healthy will help prevent most tooth decay and periodontal disease, and is an important part of maintaining your medical health. Dependent children are eligible for coverage to the end of the month in which they reach age 26.

Monthly Employee Medical and Dental Rates Effective June 1, 2019

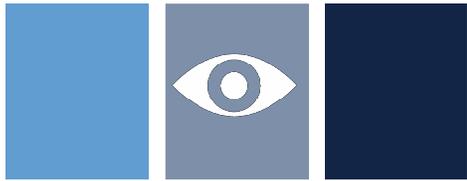
Employee	\$75.76
Employee +1	\$296.34
Family	\$423.58

PROVISION	DELTA DENTAL
Annual deductible Individual/Family	\$50/\$100
Annual Maximum per person	\$1,250
Diagnostic and Preventive, to include cleanings, fluoride treatments, sealants and x-rays	100%, no deductible
Basic Services to include fillings, periodontics, endodontics, extractions and oral surgery	80%*
Major Services to include inlays, onlays, crowns, bridges, full and partial dentures	50%*
*After deductible is met. Orthodontia	Not Covered





VOLUNTARY VISION COVERAGE



Your vision plan pays for all or a portion of the cost of an eye exam and materials, to include, glasses or contact lenses. **Coverage for eye exams is provided under the medical plan.**

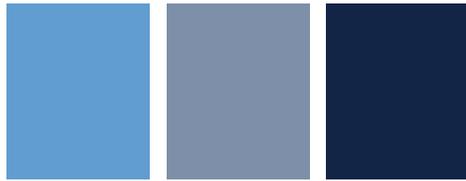
Your vision plan is provided through VSP. It provides coverage of an eye exam once a year, materials for the cost of glasses or contact lenses. You can see in- or out-of-network providers; however, you always save money if you see in-network providers.

Voluntary Vision Monthly Premium	
Employee	\$7.78
Employee+1	\$13.84
Employee & Children	\$14.13
Family	\$22.79

BENEFIT (Materials)	IN-NETWORK	OUT-OF-NETWORK
	\$10	Up to \$45
Exam	\$25 copay	Up to \$70
Frames	Every 12 months Every 24 months	Every 12 months Every 24 months
Frequency		
Lenses	Every 24 months	Every 24 months
Frames		
	Covered in full	Up to \$70
	Covered in full	Up to \$50
	Covered in full	Up to \$65
	Covered at lined trifocal level	Up to \$50
Lenses		
Single vision lenses		
Lined bifocal lenses	Up to \$60	Up to \$105
Lined trifocal lenses		
Progressive		
Contact lens fitting	\$130 allowance Covered in full	Up to \$100 Up to \$210
Elective contact lenses in lieu of glasses		
Medically necessary		



FLEXIBLE SPENDING ACCOUNTS



A Flexible Spending Account (FSA) is a program that helps you pay for health care and dependent care costs using tax free dollars. FLEX MADE EASY is the administrator through Benefits Direct.

Each pay period, you decide how much money you would like to contribute to one or both accounts. Your contribution is deducted from your paycheck on a pretax basis and is put into the Health Care FSA, the Dependent Care FSA, or both. When you incur expenses, you can access the funds in your account to pay for eligible health care or dependent care expenses.

The Health Care FSA elected contributions are available immediately. Dependent Care FSA elected contributions are available as payroll deductions fund the FSA.

Be sure to budget appropriately the funds will be forfeited if claims are not submitted by the end of the plan year.

ACCOUNT TYPE AND ELIGIBLE EXPENSES	ANNUAL CONTRIBUTION LIMITS	BENEFIT
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HEALTH CARE FSA

Most medical, dental and vision care expenses that are not covered by your health plan (such as copayments, coinsurance, deductibles, eyeglasses and doctor-prescribed over the counter medications)

Maximum contribution is \$2,700 per year

Saves on eligible expenses not covered by insurance; reduces your taxable income

<p>DEPENDENT CARE FSA</p> <p>Dependent care expenses (such as day care, after school programs or elder care programs) so you and your spouse can work or attend school full- time</p>	<p>Maximum contribution is \$5,000 per year (\$2,500 if married and filing separate tax returns)</p>	<p>Reduces your taxable income</p>
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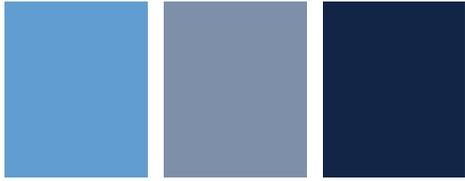


Important Information About FSAs

Your FSA elections are effective from June 1 through May 31. Claims for reimbursement must be submitted by August 15th. Please plan your contributions carefully. Any money remaining in your account as of August 15th will be forfeited. This is known as the “use it or lose it” rule and it is governed by Internal Revenue Service regulations. Note that FSA elections do not automatically continue from year to year; you must actively enroll each year.



VOLUNTARY BENEFITS



Douglas County offers you and your family a variety of voluntary benefits to enhance your benefits package. All plans are administered by Benefits Direct who is the proper authority to be contacted when there is a claim.

Douglas County offers a few different voluntary worksite policies. For details and pricing on each voluntary benefit please go to www.mybenefitsportal.com/douglas

VOLUNTARY GROUP TERM LIFE INSURANCE

Life Insurance is an important part of your financial security, especially if you have a family.

COVERAGE AND BENEFITS	
Employee and Spouse	Choose from a minimum of \$10,000 to a maximum of \$150,000 for yourself and/or your spouse
Children Age 14 days to 6 months	\$1,000
Children 6 months to 20 years of age (26, if full time student)	\$10,000

VOLUNTARY CRITICAL ILLNESS

Group Voluntary Critical Illness can pay benefits for non-medical, critical illness-related expenses your medical plan might not cover. The Critical Illness benefit is in the form of a lump sum payment, which is paid to the employee after a diagnosis is made.

COVERAGE AND BENEFITS	
Provides a lump sum benefit should covered participant experience a critical illness such as a heart attack, stroke, organ transplant, paralysis, severe burn, coma, renal failure.	
May elect a coverage amount from \$5,000 up to a \$50,000 of coverage. This plan also includes a \$50 annual health screening benefits after being on the plan for 60 days.	

SHORT TERM DISABILITY

Disability income protection insurance provides a benefit for “short term” disability resulting from a covered injury or sickness. Benefits begin at the end of the elimination period and continue while you are disabled up to a maximum benefit period

COVERAGE AND BENEFITS	
SHORT-TERM DISABILITY	
Elect a weekly benefit in increments of \$25, from a minimum of \$100 up to a maximum benefit of \$1,250 per week, not to exceed 60% of your covered earnings (rounded to the next lower increment)	
Choose your Maximum Benefit Duration:	
Option 1: Maximum Benefit Period 24 weeks	
Option 2: Maximum Benefit Period 22 weeks	
Option 3: Maximum Benefit Period 17 weeks	

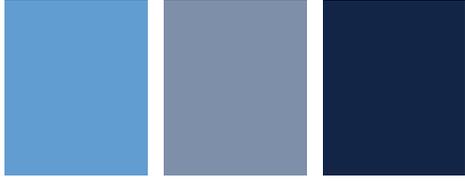
VOLUNTARY ACCIDENT INSURANCE

Group Voluntary Accident Insurance can help with out of pocket expenses for unexpected accidents.

COVERAGE AND BENEFITS	
Provides benefit based on the injury you sustain and the various treatment and services received dues to a covered accident.	
Benefit will increase covered benefits by 20% for a child who has an accident while playing an organized sport. The plan also includes accidental death and dismemberment benefit.	



VOLUNTARY BENEFITS



Douglas County offers you and your family a variety of voluntary benefits to enhance your benefits package. All plans are administered by Benefits Direct who is the proper authority to be contacted when there is a claim.

Douglas County offers a few different voluntary worksite policies. For details and pricing on each voluntary benefit please go to www.mybenefitsportal.com/douglas

HOSPITAL INDEMNITY

Hospital Indemnity can help with out of pocket expenses due to hospital confinement due to an illness or an injury.

COVERAGE AND BENEFITS

Provides benefit payments directly to the insured to help pay for out of pocket expenses like co-pays and deductibles when admitted to the hospital for any sickness or injury.

Hospital/ICU Admission:
\$500 per admission, limited to 1 admission per insured and 2 admission per covered family per benefit year.
Hospital/ICU Confinement:
\$100/\$200 per day, limited to 30 days per insured per benefit year.

LIMITED BENEFIT TERM AND LONG TERM CARE PLAN

Limited benefit term and Long Term Care Plan provides a combination of life insurance with the option to utilize a portion of the life insurance should you be confined to a long term care facility.

IDENTITY PROTECTION

Identity Protection provides comprehensive identity theft defense includes credit monitoring and restoration from identity fraud.

CANCER POLICY

Cancer Policy can help with out of pocket expenses due the diagnosis and treatment of cancer.

COVERAGE AND BENEFITS

Provides benefit payments directly to the insured to help pay for out of pocket expenses like co-pays and deductibles when diagnosed or receiving cancer treatments.

Provides a lump sum benefit for annual cancer screenings, hospital confinement, radiation, chemotherapy, surgical.

LEGAL

MetLaw provides telephone and office consultations for an unlimited number of personal legal matters with an attorney of your choice. Services include Estate Planning Documents, Real Estate Matters, Financial Matters, Document Review, Personal Property Protection and more.



LIFE, DISABILITY, RETIREMENT



What would your family do if your income was lost due to death or disability? Life and disability insurance are important for your financial security.

LIFE INSURANCE

Life insurance is an important part of your financial security, especially if you support a family. KPERS provides basic life insurance to all eligible employees at no cost. Coverage is automatic.

LIFE INSURANCE

Additional term life insurance is available at the employee's expense through the KPERS affiliated life insurance company. Coverage for your spouse is also available

ACCOUNT TYPE	BENEFIT
Via Retirement Contribution	<ul style="list-style-type: none"> • 1.5 x base annual earnings • Maximum benefit of \$265,000

DISABILITY INSURANCE

Long term disability is part of the KPERS plan and is included at no cost. Coverage is automatic. You do not need to enroll and coverage cannot be increased or stop.

DEFERRED COMPENSATION

Douglas County offers payroll deduction opportunities for two deferred compensation plans: KPERS 457. Employees enroll for the plan through company representatives.



ADDITIONAL BENEFITS



Douglas County offers you and your family additional benefits to enhance your benefits package.

PAID LEAVE

VACATION

New employees earn vacation leave at the rate of 4.50 hours per pay period. (Part-time employees earn a pro-rata share of this full-time rate). Accumulated leave figures carry forward from year to year until a maximum of 320 hours is reached. Part-time employees have different maximum hour limits. Increases in vacation accrual rates occur in accordance with the following schedule:

<u>If your time of service is...</u>	<u>Hours Per Pay</u>
<u>Period</u>	
Under 5 years of service	4.50
After 5 and before 10 years of service	5.00
After 10 and before 15 years of service	6.00
After 15 years of service	7.00

HOLIDAYS

Eight (8) days in 2019 are recognized as paid holidays:

New Year's Day
Martin Luther King Day
Memorial Day
4th of July
Labor Day
Veterans Day
Thanksgiving
Christmas

SICK

Employees receive sick leave at the rate of 4.75 hours per pay period. (Part-time employees earn a pro-rata share of this full-time rate.) Sick leave is used for personal illness and may be used to be with immediate family members who are ill. There is no waiting period. Accumulated leave figures carry forward from year to year until a maximum of 1040 hours is reached. An employee who has worked for Douglas County for a minimum of two years is eligible for compensation of 1/3 of accumulated sick leave, up to 720 hours, upon separation.

CREDIT UNION

Douglas County is affiliated with Midwest Regional Credit Union and MidAmerican Credit Union. Employees may use payroll deduction for their accounts at the credit union.

ATHLETIC CLUB MEMBERSHIP

Douglas County has contracted with several local athletic clubs to offer memberships at reduced rates. Employees sign membership enrollment forms which commit them through the end of the calendar year. Membership fees are collected through payroll deduction.



GLOSSARY



Understand the medical terms that are used in your plan.

Brand Name Drugs: Drugs that have trade names and are protected by patents. Brand name drugs are generally the most costly choice.

Coinsurance: The percentage of a covered charge paid by the plan.

Copayment (Copay): A flat dollar amount you pay for medical or prescription drug services regardless of the actual amount charged by your doctor or health care provider.

Deductible: The annual amount you and your family must pay each year before the plan pays benefits.

Generic Drugs: Generic drugs are less expensive versions of brand name drugs that have the same intended use, dosage, effects, risks, safety and strength. The strength and purity of generic medications are strictly regulated by the Federal Food and Drug Administration.

In-Network: Use of a health care provider that participates in the plan's network. When you use providers in the network, you lower your out-of-pocket expenses because the plan pays a higher percentage of covered expenses.

Out-of-Network: Use of a health care provider that does not participate in a plan's network.

Inpatient: Services provided to an individual during an overnight hospital stay.

Outpatient: Services provided to an individual at a hospital facility without an overnight hospital stay.

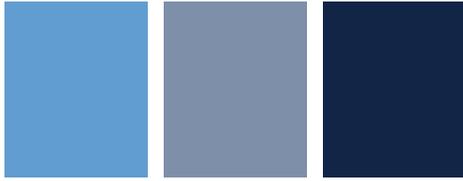
Out-of-Pocket Maximum: The maximum amount you and your family must pay for eligible expenses each plan year. Once your expenses reach the out-of-pocket maximum, the plan pays benefits at 100% of eligible expenses for the remainder of the year.

Primary Care Physician (PCP): Physician (generally a family practitioner, internist or pediatrician) who provides ongoing medical care. A primary care physician treats a wide variety of health-related conditions and refers patients to specialists as necessary.

Specialist: A physician who has specialized training in a particular branch of medicine (e.g., a surgeon, OB-GYN, gastroenterologist or neurologist).



CONTACTS



PLAN	PROVIDER	PHONE NUMBERS	WEBSITE
Medical	Coresource Customer Service	1-800-990-9058	www.coresource.com
PPO Network/Cigna	Cigna Choice Fund	1-800-832-3332	www.mycigna.com
Prescription Coverage	Medtrak Customer Service	1-800-771-4648	www.medtrakservices.com
First Stop Health Telemedicine	First Stop Health	1-888-691-7867	www.firststophealth.com
Dental Coverage	Delta Dental Customer Service	1-800-332-0366	www.deltadentalks.com
Employee Assistance Program	New Directions Customer Service	1-800-624-5544	www.ndbh.com password: douglas-county
Voluntary Vision Coverage	Superior Vision Customer Service	1-800-507-3800	www.superiorvision.com
Benefits Direct Voluntary Benefits and Flex Spending	Benefits Direct Customer Service	1-877-523-0176	http://mybenefitsportal.com/douglas/



Douglas County Voluntary Benefits Election Form

Benefit Election Form

Please Print Legibly

When completed, please return to Personnel Office

For additional information, please visit: <http://mybenefitsportal.com/douglas>

Name: _____

Address: _____

City: _____ State _____ Zip _____

Email: _____ Gender: Male Female

Date of Birth: ____/____/____ Social Security Number: ____-____-____

Annual Salary: _____ Date of Hire: ____/____/____

Job Title: _____ Location: _____

Phone (Work): _____ Phone (Home or Cell): _____

Coverage	EE Only	EE + SP	EE + CH	FAM	Waive
Vision: VSP	<input type="checkbox"/> \$7.78	<input type="checkbox"/> \$13.84	<input type="checkbox"/> \$14.13	<input type="checkbox"/> \$22.79	<input type="checkbox"/>
Flexible Spending Account (FSA) Flex Made Easy	<input type="checkbox"/>	<i>See attached form. Option to election Medical and/or Dependent Care Reimbursement Accounts</i>			<input type="checkbox"/>
Voluntary Life: Reliance Standard Guarantee Issue: Employee \$100k Spouse \$30k Child(ren) \$10k	Employee Coverage \$ _____	Spouse Coverage \$ _____	Child Coverage \$ _____	<input type="checkbox"/>	
Life Insurance Enrollment is only allowed up to the listed guarantee issue amounts within 30 Days of Date of Hire. Any amount over the Guarantee Issue will require Evidence of Insurability and must be approved by the Insurance Company.					
Short-Term Disability Reliance Standard	Elimination Period options <input type="checkbox"/> 15 Days <input type="checkbox"/> 31 Days <input type="checkbox"/> 61 Days		Weekly Volume \$100 up to 60% Earnings \$ _____ /week		<input type="checkbox"/>
Accident (Guardian) Level 1 Plan	Low Plan <input type="checkbox"/> \$12.25	<input type="checkbox"/> \$24.50	<input type="checkbox"/> \$28.55	<input type="checkbox"/> \$40.80	<input type="checkbox"/>
Accident (Guardian) Level 2 Plan	High Plan <input type="checkbox"/> \$16.75	<input type="checkbox"/> \$33.50	<input type="checkbox"/> \$40.85	<input type="checkbox"/> \$57.60	
Hospital Indemnity (Guardian)	<input type="checkbox"/> \$14.26	<input type="checkbox"/> \$26.30	<input type="checkbox"/> \$22.37	<input type="checkbox"/> \$34.41	
Cancer/ICU: Loyal American	<input type="checkbox"/>	<i>I am interested in this product. Health Questions must be answered. A Benefit Counselor will reach out to get you enrolled.</i>			<input type="checkbox"/>
Life & Long Term Care: Combined	<input type="checkbox"/>	<i>I am interested in this product. Health Questions must be answered. A Benefit Counselor will reach out to get you enrolled.</i>			<input type="checkbox"/>
InfoArmor ID Theft Protection	<input type="checkbox"/> \$7.95			<input type="checkbox"/> \$13.95	<input type="checkbox"/>
Legal (MetLaw)				<input type="checkbox"/> \$18.75	<input type="checkbox"/>

All rates listed are monthly. Please refer to Policy Flyers and Contracts for Plan Specifics, Premium Costs and Claim Payment Details.

Please reach out **BenefitsDirect** at (877) 523-0176 if you have questions about these benefits.

Employee's Signature: _____ Date: ____/____/____

NOTE: You **MUST** return your completed enrollment form within 30 days from your Date of Hire. Benefits and payroll deductions will begin the first of the month following 30 days of Employment. I understand that benefits elected above will be payroll deducted in accordance with my benefit eligibility date. ***This signature authorizes payroll deductions at this time.***

Douglas County Voluntary Benefits Election Form

Benefit Election Beneficiary Form

Please Print Legibly

Dependents (if applicable)

Spouse	<input type="checkbox"/> M <input type="checkbox"/> F	Name: _____	Date of Birth: _____	/	/
Child(ren)	<input type="checkbox"/> M <input type="checkbox"/> F	Name: _____	Date of Birth: _____	/	/
	<input type="checkbox"/> M <input type="checkbox"/> F	Name: _____	Date of Birth: _____	/	/
	<input type="checkbox"/> M <input type="checkbox"/> F	Name: _____	Date of Birth: _____	/	/
	<input type="checkbox"/> M <input type="checkbox"/> F	Name: _____	Date of Birth: _____	/	/

If more dependents are needed, please append additional page

Required : Please indicate one or more Beneficiaries:

Primary Beneficiaries		
Full Name: _____	Relation: _____	Percent: _____
Full Name: _____	Relation: _____	Percent: _____
Full Name: _____	Relation: _____	Percent: _____
Full Name: _____	Relation: _____	Percent: _____
Contingent Beneficiaries		
Full Name: _____	Relation: _____	Percent: _____
Full Name: _____	Relation: _____	Percent: _____
Full Name: _____	Relation: _____	Percent: _____
Full Name: _____	Relation: _____	Percent: _____

Employee's Signature: _____ **Date:** ____/____/____