
BENEFITS OPEN ENROLLMENT-ADMIN
PUBLIC SCHOOLS OF PETOSKEY

PLAN YEAR: 09/01/2017 – 08/31/2018
ENROLLMENT PERIOD: JUNE 2017 (FORMS DUE DATE: JUNE 30, 2017)
EFFECTIVE DATE: SEPTEMBER 1, 2017
CONTACT: Tara Moore, Payroll 348-2350 or e-mail- moore.tl.u@petoskeyschools.org

Benefits Open Enrollment Month is the time to choose Insurance or Cash-in-Lieu of Insurance and enroll in Flexible Spending Accounts or Health Savings Accounts (*optional*) for the next school year. It is also the time to change or enroll in MESSA optional plan selections.

Listed below are the 2017/18 estimated Medical Co-Premium contributions for **Administration**. There is no charge for dental and vision coverage. Half of the monthly Co-premium contributions will be deducted from the 1st and 2nd pay of every month.

Co-Premium Contributions for Medical Coverage per Month		
Single	2-Person	Family
\$5.94	\$108.60	\$69.72

If you choose to decline medical coverage, the cash-in-lieu rate is based on the 2017/18 Single-subscriber State insurance cap amount:

Cash-In-Lieu Incentive	
20 Pays (9/15/17-6/08/18)	\$190.34 (Per Pay)

EACH EMPLOYEE MUST COMPLETE NEW FORMS EVERY PLAN YEAR:
ALL FORMS ARE ATTACHED BUT ALSO LOCATED ON THE PAYROLL WEBPAGE.

➤ **STEP 1. BENEFIT PLAN ELECTION FORM**

- Please locate and open the attached PDF file called “OE FORMS 2017”. Once complete, please print these forms on both sides (front to back). See instructions Step 5.
- Go to the first page and check appropriate box, Option A (Insurance) or B (Cash-in-lieu)

➤ **STEP 2. ONLINE BENEFITS WEBSITE**

- Locate **MESSA USER GUIDE** for your open enrollment. Follow the directions to verify/update any information on the online MESSA web-portal. **ALL employees must go online and complete your enrollment** whether Pak A (medical/dental/vision) or Pak B (dental/vision). If you have any questions during the process, please contact the payroll office #2350.
- PRINT the confirmation for your records.

➤ **STEP 3. INSURANCE WAIVER (CASH-IN-LIEU)**

- **If taking insurance go to step 4.** If you are waiving insurance and requesting a cash payment in lieu of, you must complete and “certify” the waiver below. ALL information MUST be provided to ensure your cash payment.

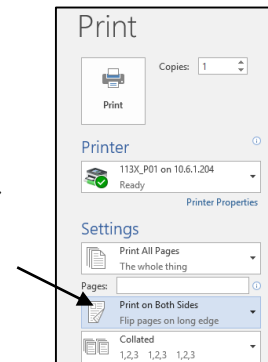
➤ **STEP 4. SALARY REDUCTION AGREEMENT**

- Please choose one of the three options on the front page of the Salary Reduction Agreement. If you have chosen to waive the insurance for the cash payment, you must still complete this form. Anyone may choose to participate in the Dependent Care Reimbursement listed on the back of the form. For more information about Flexible Spending Accounts/HSA Savings account please see the IRS rules at : [HTTP://WWW.IRS.GOV/PUB/IRS-PDF/P969.PDF](http://www.irs.gov/pub/irs-pdf/p969.pdf)

*Note: If you choose the Healthcare Flex Spending account, you will be ineligible for the funding to your HSA account.

➤ **STEP 5. PRINT AND TURN IN FORMS**

Once you have completed your forms, please print them “ON BOTH SIDES” as indicated. Please sign the forms and turn them in to the payroll office. Thank you~



Important ! → **RETURN FORMS BY JUNE 30, 2017.
Be sure you have signed all forms**

***REMINDER:** *The only changes allowed after open enrollment period is closed are those with a change of family status or qualifying event. Change of family status must be done within 30-days of event (i.e. marriage, divorce, births, etc.)*

Please view the Petoskey Schools Payroll page for information on the following Notices:
Insurance Marketplace Coverage
District’s HIPAA Privacy Practice notice
Notice Regarding Automatic Enrollment Procedures