Clear Form

FAIRBANKS NORTH STAR BOROUGH SCHOOL DISTRICT
HUMAN RESOURCES DEPARTMENT
2022 Health Plan Enrollment

Check one: ○ New Hire ○ Add / Delete Dependent ○ Marriage ○ Divorce Other _____

Effective Date: _____

Part-time or Full-time ○ ○

☐ **I Waive Medical Coverage (Waiver Form Required)**

☐ **I Waive Dental, Vision, and Audio**

Full-Time Employee Contributions (per pay period)	**Plan A**	**Plan B**	**Plan C**	**DVA**
Employee Only	○ $556.00	○ $29.00	○ $0	○ $15.00
Employee & Spouse	○ $741.00	○ $39.00	○ $0	○ $20.00
Employee & Children	○ $741.00	○ $39.00	○ $0	○ $20.00
Employee & Family	○ $926.00	○ $49.00	○ $0	○ $25.00

Medical Plan Election (must select Plan A, B or C, DVA Coverage, and indicate which family tier you elect)

Only employees currently on Plan A can enroll in Plan A

EMPLOYEE INFORMATION:

_____/_____/_____ _____ _____/_____/_____ _____ _____

Social Security Number **First Name, MI, Last Name** **Date of Birth** **M/F** **F Number**

_____ _____ _____ _____ _____ _____

Address **City** **State** **Zip Code**

Phone Number: ( ) _____ **Email Address** _____

DEPENDENT INFORMATION:

Complete for each eligible dependent to be covered by this plan

Relationship Codes: **S** = Spouse (married); **C** = Natural Child/Step Child/Adopted Child /Legal Guardianship of Child

First, MI, Last Name	**Gender**	**Date of Birth**	**Social Security Number**	**Relationship**
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