

LINDSEY WILSON COLLEGE ANTHEM HEALTH INSURANCE ELECTION FORM FOR PLAN YEAR 2024

I hereby elect the following health insurance plan for the 2024 plan year:

<input type="checkbox"/>	Single Core Plan MO	\$180.00
<input type="checkbox"/>	Single Buy Up Plan MO	\$240.00
<input type="checkbox"/>	Employee & Spouse Core Plan MO	\$995.00
<input type="checkbox"/>	Employee & Spouse Buy Up Plan MO	\$1,147.00
<input type="checkbox"/>	Employee & Children Core Plan MO	\$885.00
<input type="checkbox"/>	Employee & Children Buy Up Plan MO	\$1,037.00
<input type="checkbox"/>	Family Core Plan MO	\$1,007.00
<input type="checkbox"/>	Family Buy Up Plan MO	\$1,159.00
<input type="checkbox"/>	Dual Employee Family Core Plan MO	\$593.77
<input type="checkbox"/>	Dual Employee Family Buy Up Plan MO	\$745.77

<input type="checkbox"/>	Single Core Plan BW	\$90.00
<input type="checkbox"/>	Single Buy Up Plan BW	\$120.00
<input type="checkbox"/>	Employee & Spouse Core Plan BW	\$497.50
<input type="checkbox"/>	Employee & Spouse Buy Up Plan BW	\$573.50
<input type="checkbox"/>	Employee & Children Core Plan BW	\$442.50
<input type="checkbox"/>	Employee & Children Buy Up Plan BW	\$518.50
<input type="checkbox"/>	Family Core Plan BW	\$503.50
<input type="checkbox"/>	Family Buy Up Plan BW	\$579.50
<input type="checkbox"/>	Dual Employee Family Core Plan BW	\$296.89
<input type="checkbox"/>	Dual Employee Family Buy Up Plan BW	\$372.89

I waive participation in the 2024 health insurance plan year.

Print Name

Employee ID#

Signature

Date