PANNELL CO.

Employee Benefits Election Form
Plan Year: 9/1/22 to 08/31/2023

Employee Information					
Last Name	First Name	MI	Social Security Number		
Home Address			City	State	Zip Code
Phone Number	Effective Date		Date of Birth	Date of Hire	
Email Address			Gender ☐ Male ☐ Female	Marital Status ☐ Single ☐ Married	

All Rates are Shown Per Weekly Pay Period

Medical	MEC (Preventative Care Only)	PPO (UHC Level Funded)
Employee Only	$0.00	$37.77
Employee & Spouse	$3.46	$82.78
Employee & Child(ren)	$5.77	$71.88
Employee & Family	$6.92	$116.89

☐ I am declining medical coverage

Voluntary Dental Through Principal	Value Plan	Plus Plan
Employee Only	$4.68	$6.13
Employee & Spouse	$9.95	$12.64
Employee & Child(ren)	$11.21	$14.06
Employee & Family	$17.27	$21.52

☐ I am declining dental coverage

Voluntary Vision Through Principal	
Employee Only	$1.21
Employee & Spouse	$2.78
Employee & Child(ren)	$2.48
Employee & Family	$4.30

☐ I am declining vision coverage

Voluntary Life Through Principal		
I am interested in adding Voluntary Life	Yes, please complete Principal election form.	No, I am not interested.

Need more details?
View Pannell Co's Benefits Hub at:
https://digital.nfp.com/vlp/PCLLC or
by scanning this QR code.

SCAN ME

This document provides only a summary of benefits and rates. In the case of a discrepancy, the Plan Document prevails.

Dependent Information

Employee ☐ Medical ☐ Dental ☐ Vision

Spouse ☐ Medical ☐ Dental ☐ Vision

Name	Gender	Birth Date (MM/DD/YYYY)	Social Security Number

Child(ren) ☐ Medical ☐ Dental ☐ Vision

Name	Gender	Birth Date (MM/DD/YYYY)	Social Security Number

I agree that my salary reduction election for insurance premiums only, shall remain in effect from year to year, until I revoke it. I understand that I may revoke my election to participate only at the end of a Plan Year unless there is a qualifying change in my family status (e.g., marriage, divorce, death, birth, adoption, change of employment or significant change in premiums/coverage) and I make the change within 30 days of the event.

Signature	Date

****NOTE**: After open enrollment, you cannot make changes to your coverage during the year unless you experience a change in family status, such as:

- Loss or gain of coverage through your spouse
- Loss of eligibility of a covered dependent
- Death of your covered spouse or child
- Birth or adoption of a child
- Marriage, divorce, or legal separation
- Switch from part-time to full-time

You have **30** days from a change in family status to make changes to your current coverage.