Ledford Engineering
2026 Benefit Election Form

*Premiums listed below are **Weekly** and are taken on a pre-tax basis.*

Return any changes and FSA forms to Mark by end of the day Tuesday, December 2nd.

If you are enrolling below for the first time or changing which family members you are covering, you will also need to complete a carrier application.

Medical Coverage

_____ **I elect Plan 1 – P2000i80LX21B**

Type of Coverage:
_____ Single - $33.29
_____ EE + Spouse - $64.97
_____ EE + Children - $61.81
_____ Family - $96.65

_____ **I elect Plan 2 – HP34002575i7026B HSA**

Type of Coverage:
_____ Single - $26.88
_____ EE + Spouse -$52.14
_____ EE + Children - $49.62
_____ Family - $77.41

_____ **No changes to current enrollment**

_____ **I waive coverage for the medical plan.**

Health Savings Account Payroll Deduction Election (Must Enroll in Plan 2)

You will need to open an HSA account at the bank before your HSA deductions can be taken.

I authorize Ledford Engineering to deduct $_____ per pay period from my paycheck for an annual election of $_____ (Max Contribution for Single $4,400/Family $8,750 (2026).

If you are 55+ you can contribute an additional $1,000 for catch up.

Dental Coverage

_____ **I elect Dental coverage**

Type of Coverage:
_____ Single - $1.41
_____ EE + Spouse - $3.00
_____ EE + Children - $3.19
_____ Family - $5.01

_____ **No changes to current enrollment**

_____ **I waive coverage for the dental plan.**

Flexible Spending

_____ **I elect to participate in the Flexible Spending. (UHC enrollment form must be completed)**

_____ **I waive participating in the Flexible Spending Account(s).**

Voluntary Life Insurance

_____ **I elect to add or increase my life insurance (enrollment form must be completed. Health questions may also be necessary. See TrueNorth or the office manager for more details)**

_____ **No changes to current enrollment.**

_____ **I waive coverage for voluntary life insurance.**

Voluntary LTD

_____ **I elect to add Voluntary LTD (enrollment form must be completed. Health questions may also be necessary. See TrueNorth or the office manager for more details)**

_____ **No changes to current enrollment.**

_____ **I waive coverage for voluntary long-term disability.**

This form must be completed and returned to Mark Widmer

I understand this pre-tax premium election will remain the same for the policy time period of January 1, 2026 – December 31, 2026 unless a qualified life event occurs as outlined in the IRS guidelines. I authorize Ledford Engineering to automatically deduct from my paycheck the necessary deductions to cover my insurance costs.

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Signature Print Name Date