Navigate Homes, LLC
2026 Election Form

Name: _____
(Please print legibly)

PLEASE MAKE YOUR ELECTIONS BY CHECKING THE APPLICABLE BOX

Please see Medical Age Rate Table in the Enrollment Guide for Monthly Medical Premiums

☐ **I elect the Medical coverage P3000i80LX26B**

☐ **Single** $71.47 bi-weekly ☐ **Employee/Spouse** $276.43 bi-weekly ☐ **Employee/Children** $263.08 bi-weekly ☐ **Family** $471.41 bi-weekly

☐ **I elect the Medical coverage P5000i80LX21B**

☐ **Single** $67.22 bi-weekly ☐ **Employee/Spouse** $259.42 bi-weekly ☐ **Employee/Children** $246.92 bi-weekly ☐ **Family** $442.06 bi-weekly

**** To enroll in the Medical plan effective June 1, 2026, you will need to complete the UHC application.**

I waive health coverage for myself and/or dependents. Please select one of the following reasons

☐ I (We) have other medical coverage ☐ I (we) do not wish to enroll in the medical plan

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The following rates are per pay period deductions.

☐ **I elect the Dental Coverage**

☐ **Single $12.51** ☐ **Plus $12.51 Per Person 19 and Older** ☐ **Plus $8.88 Per Person under 19**

**** To enroll in the Dental plan effective June 1,2026, you will need to complete the Wellmark application.**

I waive dental care coverage for myself and/or dependents. Please select one of the following reasons

☐ I (We) have coverage under another dental plan ☐ I (we) do not wish to enroll in the dental plan

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☐ **I elect the Vision Coverage**

☐ **Single $3.63** ☐ **Employee/Spouse $7.53** ☐ **Employee/Children $8.09** ☐ **Family $12.88**

****If enrolling for the first time or adding/removing dependents, please complete the Principal application.**

I waive vision coverage for myself and/or dependents. Please select one of the following reasons

☐ I (We) have coverage under another vision plan ☐ I (We) do not wish to enroll in the vision plan

I understand this pre-tax premium election will remain the same for the policy time period of June 1, 2026 to May 31, 2027 unless a qualified life event occurs as outlined in the IRS guidelines. I authorize Navigate Homes to automatically deduct from my paycheck the full monthly cost of my insurance benefits from one or more of my paychecks.

The insurance is purchased in full month increments. As a convenience to the employee Navigate Homes will divide the monthly cost into smaller payments based on the number of pay periods in the month.

Name: _____

(Please print legibly)

Signature: _____

Date