PDCM INSURANCE | SMARTER.

2025 BENEFITS ELECTION FORM

City of Marion IOWA

SECTION 1 EMPLOYEE INFO

First Name, Middle Initial and Last Name				Social Security Number	Employee ID	Department
CURRENT MAILING ADDRESS (Street, Apt. No., PO Box)			**City**		**State**	**Zip code**
Gender	**Date of Birth**	**Phone Number**	**Marital Status**	**Date of Hire**	**HR USE ONLY:**	
□ M □ F			□ Single □ Married			

SECTION 2 DEPENDENT INFORMATION

Keep my dependent information the same as 2024. If you check yes, please complete sections 3, 4, and 5. **□ YES** **□ NO**

Relation	First Name, Middle Initial and Last Name	Coverage	Gender	Date of Birth *(only need for new enrollee)*	Social Security Number *(only need for new enrollee)*
□ Spouse □ Other (Please Specify)		□ Medical □ Dental □ Vision	□ M □ F		
□ Child □ Stepchild □ Other		□ Medical □ Dental □ Vision	□ M □ F		
□ Child □ Stepchild □ Other		□ Medical □ Dental □ Vision	□ M □ F		
□ Child □ Stepchild □ Other		□ Medical □ Dental □ Vision	□ M □ F		
□ Child □ Stepchild □ Other		□ Medical □ Dental □ Vision	□ M □ F		
□ Child □ Stepchild □ Other		□ Medical □ Dental □ Vision	□ M □ F		

SECTION 3 COVERAGE OPTIONS

Wellmark Traditional PPO Medical Plan	Wellmark HDHP PPO Medical Plan	Dental Plan Delta Dental	Vision Plan Avesis	Flexible Spending Account WageWorks	Health Savings Account Lively	Voluntary Life Insurance
See benefits guide for current rates						
□ **Employee Only** □ **Family** □ **NonBarg / AFSCME** □ **Police Union** □ **Fire Union** ***POLICE UNION ONLY:*** □ **Tobacco** □ **Non-Tobacco**	□ **Employee Only** □ **Family** □ **NonBarg / AFSCME** □ **Fire Union** ***Police Union not eligible for HDHP at this time***	**Base Plan** □ **Employee Only** □ **Family** **Buy-Up Plan** □ **Employee Only** $16.74/mo □ **Family** $44.90/mo	□ **Employee Only** $13.37/mo □ **Employee + Spouse** $25.67/mo □ **Employee + Child(ren)** $27.97/mo □ **Family** $35.99/mo	*Please complete the WageWorks FSA/Dependent Care Enrollment Form to enroll in flexible spending or dependent care.*	*Please complete the Lively HSA Enrollment Form to receive the City of Marion seed money or make personal contributions.* ***Must be enrolled in HDHP Medical Plan***	*If you are interested in purchasing new or adding to current coverage, please complete separate enrollment form and Evidence of Insurability (EOI).*
ONLY SELECT ONE MEDICAL PLAN						□ **No change**
□ **Waive Medical**		□ **Waive Dental**	□ **Waive Vision**	□ **Waive FSA**	□ **Waive HSA**	□ **Waive Voluntary Life**

SECTION 4 TOBACCO

POLICE UNION MEMBERS ONLY **- Certification Regarding Tobacco Use:** Please mark the appropriate box below. Your response will be applied to your incentive.
Active tobacco use is defined as using tobacco in the form of cigarettes, pipes, cigars, electric cigarettes, or chewing tobacco within the last 90 days.
☐ **Yes, I am an active tobacco user.** ☐ **No, I am not an active tobacco user.**

SECTION 5 SIGNATURE

□ **I understand that I cannot change my election/waivers until the next annual open enrollment without a special life event.** *To the best of my knowledge, the above is complete and true, and I understand that falsification by me will allow my employer's group health plan to recover payments made, cancel my coverage and/or refuse payment of claims. Updates or additions to this information may be required periodically. If you decline to enroll in any of the benefits listed above, you cannot enroll at any other time during the plan year unless there is a 'change of status'.*

Employee's Signature	Date