Masonry Builders, Inc.

2024-2025 Consolidated Enrollment Form

Weekly Deduction

☐ Open Enrollment ☐ New Hire

☐ Qualifying Event ☐ Re-Hire

Type of Event: _____

Effective Date: _____

EMPLOYEE INFORMATION					For HR USE ONLY
PRINT Last Name, First Name, Middle Initial	SSN	Gender	Date of Birth	Home Phone	Date of Hire
Address	City	State	Zip code	Cell Phone	Annual Earnings

MEDICAL ELECTION – Florida Blue Weekly Deduction

BlueCare 78 Weekly Deduction		BlueCare 71 Weekly Deduction		BlueOptions 05301 Weekly Deduction	
☐ EE Only	$ 40.27	☐ EE Only	$ 46.98	☐ EE Only	$ 107.58
☐ EE + Spouse	$ 174.73	☐ EE + Spouse	$ 190.02	☐ EE + Spouse	$ 328.20
☐ EE + Child(ren)	$ 145.32	☐ EE + Child(ren)	$ 158.73	☐ EE + Child(ren)	$ 279.94
☐ EE + Family	$ 271.36	☐ EE + Family	$ 292.82	☐ EE + Family	$ 486.76

☐ Decline Medical Coverage because (you must select a reason)

☐ Other Government Coverage (Ex: Medicare, Medicaid, Tricare, VA)

☐ Other Group Coverage (Ex: spouse , parents , Domestic Partners)

☐ Other_____

☐ I do not have coverage from any source, and I understand that this may result in fines and penalties under the Affordable Care Act.

DENTAL ELECTION – Humana Weekly Deduction

DENTAL PLAN Weekly Deduction		DECLINE DENTAL
☐ EE Only	$ 5.18	☐ Decline Dental Coverage
☐ EE + Spouse	$ 10.36	
☐ EE + Child(ren)	$ 13.20	
☐ EE + Family	$ 18.38	

DEPENDENT INFORMATION

PRINT Last Name, First Name, Middle Initial	SSN	Date of Birth	Gender	Relationship	Plans Elected
					☐ Medical ☐ Dental
					☐ Medical ☐ Dental
					☐ Medical ☐ Dental
					☐ Medical ☐ Dental

My signature below confirms the following:

1. **I understand that all necessary materials to make an informed benefit decision including, but not limited to the Summary of Benefits & Coverage as required by the Affordable Care Act; carrier specific benefit outlines, and the Health & Welfare Plan Disclosure Booklet will be made available to me online at the company intranet http://masonrybuilders.com/insuranceforms/ and paper copies will be distributed at no charge upon request.**
2. **I was provided contact information to reach out to someone if I had questions.**
3. **I understand that my elections for medical & dental plans will occur on a pre-tax basis. Should I wish for my benefits to be paid post-tax, it is my responsibility to notify Human Resources in writing prior to my first payroll deduction of the current plan year.**
4. **I understand that my elections CANNOT be changed and will remain in effect until the end of the plan year, unless I experience a change in status (i.e. marriage, divorce, death and/or termination of spouse's employment that results in a coverage loss), or as otherwise permitted under the IRS Regulations.**
5. **I understand that certain benefit plans may require the completion of additional enrollment forms or health statements, and that these forms will be provided to me as necessary. Coverage will not be extended if I fail to complete those forms.**
6. **I authorize my employer to reduce my salary in the amount necessary to pay for the coverage(s) I have elected. I further authorize future adjustments in the amount necessary in the event that the cost of any program changes during the plan year.**

Signature: _____ ***Date Signed:*** _____

Masonry Builders, Inc.

Consolidated Enrollment Form & Pre-Tax Premium Acknowledgment

CAREFULLY READ THE INFORMATION BELOW, COMPLETE THE ENROLLMENT PORTION ON THE BACK OF THIS FORM AND RETURN TO THE OFFICE BY SEPTEMBER 26, 2024

Masonry Builders, Inc. offers medical and dental insurance as a benefit for our employees and their families. We offer medical Insurance through Florida Blue, and dental insurance through Humana. Masonry Builders will continue to pay a portion of the medical premiums as an added benefit to employees. There are some differences in the plans offered, so please take the time to understand these. You may reach out to our insurance contact at W3 for additional help: Lorie Maidla / 727-270-2440

Medical:

Pursuant to the *Affordable Care Act,* Masonry Builders, Inc. is offering Medical Healthcare Coverage effective November 1, 2024. Full-time employees are eligible if they have or will have worked 90 days prior to November 1, 2024. The coverage offered meets the minimum essential coverage requirements as mandated by the *Affordable Care Act.*

Below are some important points for you to know:

- Open enrollment period for the policy beginning November 1, 2023, ends September 26, 2024.
- **This form MUST be COMPLETED and RETURNED to the Office on or before September 26, 2024, whether or not you choose to purchase coverage.**
- The next eligible enrollment period will begin October 2025 for the policy effective date November 1, 2025.
- Healthcare premiums are payable in ADVANCE of the policy effective date; therefore, payroll deductions will begin with the check dated October 4, 2024.
- The cost of the coverage will depend on the plan and coverage selected.

Employees are eligible to enroll following 90 days of employment. Premiums are to be collected one month in ADVANCE of the effective date. If you elect dental coverage, please note you must have continuous dental insurance coverage for 12 months for some basic and major services other than preventative care.