



JORDAN SCHOOL DISTRICT

Employee Enrollment Form 2025-26

Change requests must be submitted within 30 days of the event

Date Received:

A. EMPLOYEE INFORMATION

Name:			
Birth Date:		Phone:	
SSN:			
Marital Status:		Gender:	
Street Address:			
City, State, Zip			

CHANGE INFORMATION

- ☐ New Hire
☐ Birth
☐ Adoption
☐ Marriage
☐ Divorce
☐ Eligible for other Coverage
☐ Involuntary Loss of Coverage
☐ Flexible Spending (See Section C)
☐ Other:

Date qualifying event took place:

Type of Change:

- ☐ Enrolling
☐ Change
☐ Canceling

B. EMPLOYEE & DEPENDENT INFORMATION

List ALL eligible family members

	Name (Last, First)	Social Security #	M/F	Birth Date	Medical	Dental	Vision
Employee:					<input type="checkbox"/> Enroll <input type="checkbox"/> Waive	<input type="checkbox"/> Enroll <input type="checkbox"/> Waive	<input type="checkbox"/> Enroll <input type="checkbox"/> Waive
Spouse:					<input type="checkbox"/> Enroll <input type="checkbox"/> Waive	<input type="checkbox"/> Enroll <input type="checkbox"/> Waive	<input type="checkbox"/> Enroll <input type="checkbox"/> Waive
Children:					<input type="checkbox"/> Enroll <input type="checkbox"/> Waive	<input type="checkbox"/> Enroll <input type="checkbox"/> Waive	<input type="checkbox"/> Enroll <input type="checkbox"/> Waive
					<input type="checkbox"/> Enroll <input type="checkbox"/> Waive	<input type="checkbox"/> Enroll <input type="checkbox"/> Waive	<input type="checkbox"/> Enroll <input type="checkbox"/> Waive
					<input type="checkbox"/> Enroll <input type="checkbox"/> Waive	<input type="checkbox"/> Enroll <input type="checkbox"/> Waive	<input type="checkbox"/> Enroll <input type="checkbox"/> Waive
					<input type="checkbox"/> Enroll <input type="checkbox"/> Waive	<input type="checkbox"/> Enroll <input type="checkbox"/> Waive	<input type="checkbox"/> Enroll <input type="checkbox"/> Waive
					<input type="checkbox"/> Enroll <input type="checkbox"/> Waive	<input type="checkbox"/> Enroll <input type="checkbox"/> Waive	<input type="checkbox"/> Enroll <input type="checkbox"/> Waive

C. PLAN SELECTION

- Medical: ☐ PEHP Base+ NETWORK
☐ PEHP Base ☐ Summit
☐ PEHP Star (HSA) ☐ Advantage

Dental: ☐ Essential ☐ Enhanced ☐ Elite

Vision: ☐ EyeMed 130

Flexible Spending Account:

Only members enrolled on the Base or Base + plans are eligible. For 2025-26, you can contribute up to \$3,300 in pretax dollars to pay most out-of-pocket medical, dental or vision care expenses, including: Medical and Dental Deductibles and Co-payments, Eye Glasses, Dental and Orthodontic work not covered by insurance. If you Waived Medical coverage, you may participate in this plan. **There is a \$3.20 admin fee per month for this account. If you contribute over \$1,200/year the district pays the fee.**

For the 25-26 insurance year,
I wish to contribute:

\$

(must be between \$240-\$3,300)

D. BENEFICIARIES

The Basic Life Benefit is offered to eligible employees and their dependents at no cost to the employee. Selecting this benefit and signing this form will enroll you, your legal spouse, and eligible dependents listed in section B in a term life insurance policy through New York Life (employee \$50,000, spouse and children \$2,000).

Beneficiary ☐ Primary ☐ Secondary

Relationship:	%
Address:	

Beneficiary ☐ Primary ☐ Secondary

Relationship:	%
Address:	

Beneficiary ☐ Primary ☐ Secondary

Relationship:	%
Address:	

E. EMPLOYEE AGREEMENT

Employee Signature:

Date: