

HUNTINGTON BEACH CITY SCHOOL DISTRICT
2022-2023 Health and Welfare Benefit Selection Sheet
 CLASSIFIED & MANAGEMENT EMPLOYEES *who are Not Eligible for "Full Time" Benefits*

Bronze Plan

SISC

The District's BRONZE Plan is listed below. Please indicate your choice of coverage on this form.

<u>MEDICAL PLAN</u>	<u>Total Premium Monthly</u>	<u>District Contributes Monthly</u>	<u>Employee Contributes by Check or Bill Pay Monthly</u>	<u>Employee Selection</u>
(1) ANTHEM/Blue Cross 2 Tier Anchor Bronze				
Employee Only	\$539.00	\$0.00	\$539.00	_____
Employee Plus One Child	\$1,066.00	\$0.00	\$1,066.00	_____
Employee Plus Two or More Children (NO SPOUSE PLAN)	\$1,066.00	\$0.00	\$1,066.00	_____

* **Benefit Summary** and **Summary of Benefits & Coverages (SBCs)**
 are available on the [HBCSD website under STAFF>Insurance Forms>SISC.](#)

TOTAL (Mail & Payable To): **DUE 1st Month**

Note: If you choose "OnLine Bill Pay" use this address.

Huntington Beach City School District
 Attn: Payroll & Benefits Dept.
 8750 Dorsett Drive
 Huntington Beach, CA 92646

\$ _____

****NEW HIRES - Complete and DUE in the Payroll & Benefits Dept. upon Hire****

Returning Employees - Due Friday, September 23, 2022 from every eligible employee

Accept _____

*SISC Enrollment Form must be completed
 & copy of Birth Certificate(s) if enrolling child/children

Decline _____

I understand that my selections on this form are "FINAL" & MATCH the enrollment form submitted, if any.

Enrollment form required for Any & All Changes to Prior Plan Year.

 Signature Date Email

 Please PRINT Name Plainly Site Telephone

 Address City State Zip Code