

**HUNTINGTON BEACH CITY SCHOOL DISTRICT
2023 Health and Welfare Benefit Selection Sheet
HBETA Employees who are Not Eligible for "Full Time" Benefits**

BRONZE PLAN

VEBA

The District's Health and Welfare Plans are listed below. Please indicate your choice of coverage on this form.

<u>MEDICAL PLAN</u>	<u>Monthly Premium</u> Twelfthly	<u>District Contributes</u> Twelfthly	<u>Employee Contributes by Check or Bill Pay</u> Twelfthly	<u>Employee Selection</u>
			Jan 1st to Dec 31st	
KAISER - HMO				
Employee Only	\$439.00	\$0.00	\$439.00	_____
Employee Plus One Dependent	\$861.00	\$0.00	\$861.00	_____
Employee Plus Two or More Dependents	\$1,211.00	\$0.00	\$1,211.00	_____

* **Benefit Summary** and **Summary of Benefits & Coverages (SBC)**
are available on the HBCSD website (under STAFF tab, then Insurance Forms, then VEBA)

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, January 13, 2023 from every eligible employee

Accept _____

*VEBA Bronze Enrollment Form must be completed

Decline _____

Signature Date Email

Please PRINT Name Plainly Site Telephone

Address City State Zip Code