



2018 Health Insurance Enrollment Form

NAME	(Last)	(First)	(Middle Initial)	SOCIAL SECURITY NUMBER
MAILING ADDRESS	(Street or PO Box)			(Apartment)
CITY	STATE	ZIP CODE		DATE OF BIRTH
HIRE DATE	GENDER		PHONE NUMBER	

Medical Plan *Select your Plan choice and the appropriate coverage level. Qualifying Event required to change election.*

For the 2018 plan year (ends 12/31/2018), I elect:

- Plan A: \$2700/5400 deductible; 20% coinsurance – HSA eligible
- Plan B: \$5000/10000 deductible; 30% coinsurance – NOT HSA eligible

Please review Plan Summary for detailed plan descriptions prior to making election.

Tier Election	Dependent Information (name, sex, birth date, SSN, relationship)
<input type="checkbox"/> Single	<u>Name</u> <u>Gender</u> <u>D.O.B.</u> <u>SSN</u>
<input type="checkbox"/> Associate & Spouse	
<input type="checkbox"/> Associate & Child(ren)	
Child	
Child	
Child	
Child	
<input type="checkbox"/> Family	If electing family coverage, please provide dependent information in appropriate box above.

Medical Premiums

I authorize the following payroll deductions per pay period for the medical plan and coverage level elected:

<u>Coverage Level</u>	<u>Plan A</u>	<u>Plan B</u>
Single	\$96.78	\$43.00
Associate + Spouse	\$245.97	\$182.31
Associate + Child(ren)	\$228.14	\$163.38
Family	\$342.31	\$260.07

*****This form must be complete, signed, and returned in order to be valid.*****

*****RETURN BOTH PAGES TO CHARLENE STAMPS IN HOME OFFICE*****

Fax: (706) 548-0808

Email: cstamps@cninewspapers.com



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Health Care Savings Account (HSA)

I have enrolled in Plan A and wish to open a Health Care Savings Account (HSA) and fund it as indicated below:

HSA Election	Deduction
<input type="checkbox"/> Other Amount	I wish to have \$_____ deducted per pay period to fund my HSA (with CNI match up to plan limits).**
<input type="checkbox"/> Other Amount	I want to contribute the maximum allowed by IRS laws (\$111.53/Single coverage; \$221.15/Assoc + dependent coverage).
<input type="checkbox"/> Other Amount	I want to contribute the amount that will maximize the CNI match (\$19.23/Single coverage; \$38.46/Assoc. + dep.).
<input type="checkbox"/> Other Amount	In addition to contributing the maximum, I want to do the catch up contribution (must be Age 55 or older) of \$1,000 (\$38.46/pay period).

**Maximum HSA match from CNI is \$500 per year for Single coverage; \$1,000 per year for Assoc. plus dependent(s).

I do *not* wish to open a Health Care Savings Account (HSA) at this time:

<input type="checkbox"/> Waive	I do not wish to open an HSA at this time.
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Pre - Tax Authorization

1. Payment Election

I understand that I am paying for the coverages I have elected on a pre-tax basis through the Welfare Benefits Plan. I understand that this will probably result in a tax savings. I also understand that I may not modify or revoke my election during the year, unless I have a change in status or special enrollment period (marriage, divorce, birth or adoption of a child, death, change of my or my spouse's employment status or involuntary loss of other coverage). My change in my election must be within 31 days of the status change and be consistent with the change in my status. In addition, the insurance carriers may further limit the ability to change elections mid-year.

2. I understand that my coverages will remain in effect for future years, unless I notify the Plan Administrator otherwise in writing.

SIGNATURE	DATE
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