## KCTCS \$50 BENEFIT ALLOWANCE

|   | BENEFIT ALL   |   |  |
|---|---|---|--|
| (Please Check One) New Hire  Opt Over Ope   | en Enrollment 🗆 Quali   | fying Event 🗆   |  |
| Employee Name:  | Coverage Effective  | a Data:   |  |
| Social Security No:   | Employee ID #.  | Employee ID #:  |  |
| College District:   | Biiployee 1D #<br>Hire/Ont Date:                                    | _   |  |
|   | IIIIO/Opt Date  |   |  |
| The \$50 Benefit Allowance is a monthly employer part of the KCTCS Personnel System. This benefit is open to  | paid benefit available to fa  | aculty/staff members covered under the mbers who meet the eligibility criteria. |  |
| If an employee loses eligibility for the \$50 Benefit A required to continue funding the benefit that the Benoccurs which would allow a mid-year change to the  | iefit Allowance was alloca  | the Plan Year, the employee will be ated to unless a qualifying status change   |  |
| <ul> <li>You may use the \$50 monthly benefit by electing co</li> <li>To pay for Health Insurance under the Kentu</li> <li>To pay for Dental Insurance</li> <li>To put in a Health Care Flexible Spending A</li> <li>To purchase Voluntary/Supplemental Benefi</li> <li>You may NOT use this benefit towards yo Coverage</li> </ul> | cky Employees Health Pl<br>ccount<br>ts<br>ur Group Life and AD&    | ED Coverage or Supplemental LTD   |  |
| ,   | j p m a comom co ano.   | edica as follows.   |  |
| Benefit:  | Monthly<br><u>Allocation</u>  | Paycheck<br><u>Allocation</u>   |  |
| Health Insurance  |   |   |  |
| Dental Insurance Carrier:   |   |   |  |
| Coverage Type employee employee + one Employee + Family Health Care Spending Account (FSA)  (A new FSA Enrollment Form must be completed each plan year)  Supplemental Benefit (Life, Vision, Short Term Disability, Long Term Care, Cancer, Disease etc)  Carrier: Benefit: Benefit: Benefit:                                      |   |   |  |
|   |   |   |  |
| <ul> <li>I certify that I have read and fully understand the terms of this form</li> <li>I hereby authorize my employer to allocate this employer paid benefit</li> </ul>   | (\$50 Maximum) and the \$50 Benefit Allowance.                      | (\$25 Maximum)  |  |
| <ul> <li>I certify that I meet the eligibility criteria and am a participant in the I understand that my elections will remain in effect for the benefit p.</li> <li>Additional contribution allocated towards any employee benefits: in</li> </ul>   | KCTCS Personnel System.<br>Ian year provided I remain an eligible l | KCTCS employee. ecordance with IRS tax regulations.                             |  |
| Employee Signature  | Date:   |   |  |
| Human Resources Signature   | Date:   |   |  |
| ORIGINAL – KCTCS System Office ONE COPY – College   | ONE COPY – Employee   |   |  |
|   | and a suppose   | (Revised 09/30/2010)  |  |