Scott County Fiscal Court
2027 Employee Salary Redirection Agreement
January 1, 2027-December 31, 2027

EMPLOYEE INFORMATION					
Employee Name:		Address:			
SSN:	DOB:	City:	State:	Zip:	
Department/ Location:			Hire Date:		

Please indicate your current dependent(s) below:				Gender	Add	Term
Spouse	Name:	DOB:	SSN:	M F		
Child	Name:	DOB:	SSN:	M F		
Child	Name:	DOB:	SSN:	M F		
Child	Name:	DOB:	SSN:	M F		
Child	Name:	DOB:	SSN:	M F		
Child	Name:	DOB:	SSN:	M F		

2027 Benefit Elections: Premiums are shown per Pay Period (26)						
Carrier	Benefit	Employee ONLY	Employee + Spouse	Employee + Children	Family	No Coverage
Anthem	Health	$13.00	$78.24	$68.74	$133.98	WAIVE
	Vision (if enrolled in health plan)	Included	Included	Included	Included	
Delta Dental	Dental	$14.71	$26.11	$27.22	$41.58	WAIVE

On or after January 1, 2027, I cannot change or revoke this Salary Redirection Agreement with respect to the pre-tax premiums before the next anniversary date of the plan unless a Change in Family Status occurs (i.e., marriage, divorce, death of a spouse or child, birth or adoption of a child, termination or commencements of employment of a spouse and such other events as will permit a change or revocation of an election under the Internal Revenue Code, as amended), and the change is caused by and consistent with the Change of Family Status. Due to federal tax law, an election for a pre-tax benefit is irrevocable, except as otherwise indicated in the preceding sentence. I understand that I cannot revoke any pre-tax election based on a "right to examine" provision as maybe contained in any insurance plan or policy issued to me. The right to examine provision contained within an insurance plan or policy may be preserved by purchasing the plan or policy on an after-tax basis.

CHIRPA Notice

Under the Children's Health Insurance Program Reauthorization Act of 2009 (CHIRPA), loss of coverage from Medicaid or Children's Health Insurance Program (CHIP) or becomes eligible for State premium assistance under Medicaid of CHIP, qualifies as a special enrollment. The employee has 60 days from the event to exercise their special enrollment rights.

Employee Signature _____ Date _____