



Lake County Board of County Commissioners  
Section 125 Insurance Election Form

Social Security Number \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_  
 Age on 10/1/05 \_\_\_\_\_ Annual Salary \$ \_\_\_\_\_ Date of Hire \_\_\_\_\_  
*Premium deductions are bi-weekly = 26 pay periods*

<u>MEDICAL COVERAGE</u>	Employee Only	Family	
PPO (Beechstreet Network)	\$22.75 (I122)	\$112.58 (I123)	\$ _____ ( ) PRE-TAX
CPO (FHHS or Healthchoice Select)	\$15.00 (I124)	\$ 90.64 (I125)	

<u>DENTAL COVERAGE</u>	Employee Only	Employee + 1	Family	
DHMO	\$0 (I112)	\$4.44 (I108)	\$7.86 (I109)	\$ _____ ( ) PRE-TAX
PPO	\$0 (I113)	\$8.54 (I114)	\$18.61 (I115)	

BASIC EMPLOYEE TERM LIFE INSURANCE & ACCIDENTAL DEATH /DISMEMBERMENT INS. **Employee Only**  
**County Paid**  
 Dollar amounts each equal to annual salary rounded up to next \$1,000 (minimum \$20,000)

ADDITIONAL TERM LIFE (you can purchase in increments of \$10,000 up to 5 times annual salary, Maximum = \$300,000)

\$ _____ (new amount you are applying for)	= \$ _____ TOTAL	\$ _____ (I106 ) PRE-TAX	\$ _____ (I006 ) POST-TAX
\$ _____ (Amount you currently have)	= \$ _____ TOTAL		

SPOUSE TERM LIFE INSURANCE (in increments of \$5,000 up to a maximum of one half of that purchased by employee)

Age of Your Spouse on 10/1/05 \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\$ _____ (amount you are applying for)	= \$ _____ TOTAL	\$ _____ (I010 ) POST-TAX
\$ _____ (amount you currently have)	= \$ _____ TOTAL	

DEPENDENT TERM LIFE INSURANCE

\$ _____ (I011) POST-TAX
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\$2,500 for **\$0.30**    \$5,000 for **\$0.60**    \$7,500 for **\$0.90**    \$10,000 for **\$1.20**

