



TOWN OF LINCOLN

BENEFIT DECISION FORM

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_

I have been informed of the Town of Lincoln's insurance coverage options and costs, including pre-tax provisions which are available to me. You must choose yes or no under each option:

Insurance Options	Contribution	I WISH TO PARTICIPATE	
		YES	NO
BCBS New England HMO Blue (Pretax)	60/40 Split	_____	_____
BCBS Access Blue New England (Pretax)	60/40 Split	_____	_____
Access Blue Only HSA Plan (Pretax)	Employee paid	_____	_____
Dental Blue - High Option (Pretax)	Employee paid	_____	_____
Dental Blue - Low Option (Pretax)	Employee paid	_____	_____
DavisVision (Pretax)	Employee paid	_____	_____
Deferred Compensation Plan (Pretax)	Employee paid	_____	_____
Flexible Spending (CPA) (Pretax)	Employee paid	_____	_____
Basic Life (Pretax)	60/40 Split	_____	_____
Optional Life (Pretax)	Employee paid	_____	_____
Permanent Life (After tax)	Employee paid	_____	_____
Disability Long-Term (After tax)	Employee paid	_____	_____
Disability Short-Term (After tax)	Employee paid	_____	_____
Cancer (Pretax)	Employee paid	_____	_____
US Legal Services (After tax)	Employee paid	_____	_____
Accident Insurance (After tax)	Employee paid	_____	_____
Disability (Reliance)-School only (After tax)	Employee paid	_____	_____
Credit Union (After tax)	Employee paid	_____	_____
Direct Deposit Form		_____	_____

Contact Roger Goodson at LifePlus for Information at Roger@lpins.com or 1-866-511-9222

Town employees contact Treasurer's Office/School employees contact school business office for enrollment cards

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_