



MANPOWER EMPLOYEE PAYROLL DEDUCTION FORM
Benefit Plan Year January 1, 2017 – December 31, 2017

Employee Name: _____

Worksite: _____

FORM INSTRUCTIONS & INFORMATION

- If you are enrolling, check the box to indicate the selection for yourself and/or your dependents.
- If you are enrolling, in addition to completing this form, you must complete the carrier's enrollment form and submit to your HR/Manager.
- If you are not enrolling for health insurance for yourself and/or your dependents, please complete the Health Insurance Benefits Waiver Statement at the bottom of this page.

Manpower Associate Benefits – Weekly Premium

Anthem Elements Choice HMO 1500 Priority Select HMO Network		Anthem Dental Prime Voluntary PPO Plan A
	Provider Finder	http://www.anthem.com/ca/mydental/
Level of Coverage	Weekly Pretax Payroll Deduction	Weekly Pretax Payroll Deduction
Employee Only	\$46.72*	\$5.61
Employee + Spouse	\$158.83	\$11.44
Employee + Child(ren)	\$121.46	\$12.06
Employee + Family	\$242.92	\$18.33

***Note – The Employee Only deduction will not exceed 9.5% of your W2 income.**

I have chosen to participate in Manpower's Employee Benefits Plan and I authorize payroll deductions of my insurance premiums. I furthermore understand that, as a participant in this Plan, I will not be able to modify or cancel my selected coverage until December 31, 2017 or, if prior to that date, I experience a certain Change in Status (for example, marriage, divorce, birth/death of a dependent, or loss of other insurance coverage).

Participant Signature: _____ **Date:** _____

Full Date of Birth (mm/dd/yyyy): _____ Male Female I do not wish to complete this requirement

******* IF YOU ARE DECLINING COVERAGE, PLEASE COMPLETE THE WAIVER STATEMENT BELOW *******

HEALTH INSURANCE BENEFITS WAIVER STATEMENT

Please note:

- If you are declining enrollment for yourself or your dependents (including your spouse) because of other insurance coverage, you may in the future be able to enroll yourself or your dependents in this Plan, provided that you request enrollment within 30 days after your other coverage ends.
- If you experience a Change in Status (for example, marriage, divorce, birth/death of a dependent, or loss of other insurance coverage) you may also request enrollment within 30 days of the event.
- When determining benefit eligibility under ACA requirements, there are 2 measurement periods. The initial measurement (date of hire) and the standard measurement (open enrollment). Both have a stability period of 12 months. When declining and waiving your benefit offering, please keep into consideration you may not qualify for the ongoing employee look back period, over the standard measurement period (open enrollment), which is 10/3/2016 – 10/2/2017 and 1560 hours. If eligibility requirements are not met during your standard measurement period (open enrollment), please note eligibility will not be re-determined until the following calendar year standard measurement period.

I acknowledge that I have been given the opportunity to enroll my eligible dependents and myself in my employer's Health Insurance Benefits Plan. **I am declining to enroll in Manpower's Associate Benefit Plan**

Check Reason:

- Covered under another health plan (provide name of plan) _____
- Not covered under another health plan, but do not choose to enroll in Manpower's Plan at this time

Signature of Employee: _____ **Date:** _____

Full Date of Birth (mm/dd/yyyy): _____ Male Female I do not wish to complete this requirement

Where to mail enrollment and deduction/waiver forms: Betty Hernandez, Benefits Analyst Manpower
1855 First Avenue, Suite 300, San Diego, CA 92101 - Or email to: insurance@manpower-sd.com