

2025 ELECTION FORM

Community Living Experiences



Community Living Experiences, inc.

Applicant Name (Please print)	
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2025 Elections

Coverage	Employee Only	Employee + Spouse	Employee + Child(ren)	Family	Waive
	Bi-Weekly Payroll Deductions				
Medical	<input type="checkbox"/> \$55.19	<input type="checkbox"/> \$544.23	<input type="checkbox"/> \$288.90	<input type="checkbox"/> \$801.04	<input type="checkbox"/>
Dental	<input type="checkbox"/> \$14.56	<input type="checkbox"/> \$29.12	<input type="checkbox"/> \$32.42	<input type="checkbox"/> \$51.01	<input type="checkbox"/>
Vision	<input type="checkbox"/> \$3.13	<input type="checkbox"/> \$6.25	<input type="checkbox"/> \$6.70	<input type="checkbox"/> \$10.68	<input type="checkbox"/>
Accident	<input type="checkbox"/> \$4.18	<input type="checkbox"/> \$6.82	<input type="checkbox"/> \$7.81	<input type="checkbox"/> \$12.29	<input type="checkbox"/>
Hospital Indemnity	<input type="checkbox"/> \$5.83	<input type="checkbox"/> \$9.99	<input type="checkbox"/> \$8.19	<input type="checkbox"/> \$14.62	<input type="checkbox"/>
Critical Illness*	\$_____ Employee \$_____ Spouse \$_____ Child(ren)				<input type="checkbox"/>
Voluntary Life*	\$_____ Employee \$_____ Spouse \$_____ Child(ren)				<input type="checkbox"/>

Note: * Voluntary Life & Critical Illness coverage based on your age and coverage amount.

Applicant Signature: _____	Date: _____
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Ohio Required Statement: Any person who submits an application or a claim containing a false or deceptive statement and does so with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, is guilty of **INSURANCE FRAUD**.

AUTHORIZATION AND AGREEMENT: I understand this authorization revokes any previous salary reduction agreement for medical and dental insurance. I further understand that this authorization will remain in effect for all future Plan Years unless revoked or modified. I understand these payroll deductions cannot be adjusted during the Plan Year unless I experience a change in family status or other qualifying event as described in section 125 of the IRC and in the applicable Summary Plan Description. Any qualifying events must be submitted to Human Resources within the first 30 days of the event date. Employees participating in medical and/or dental plans who go on unpaid leave status will be required to make payments toward their insurance premiums.