

Therapy Connections 2023-24 Benefits Election Summary

Personal Information	
Full Name:	Date of Birth:
Address:	Gender: Male Female
City, State, Zip:	Job Title:
SSN:	Date of Hire:
Email:	Salary:
Primary Care Physician:	Phone Number:

Please make a selection for each benefit. The cost reflected below is per pay period (semi-monthly), and becomes effective December 1st, 2023.

Medical - Florida Blue				
Select One:	Employee Only	EE & Spouse	EE & Child(ren)	Family
BlueOptions 5803	\$104.50	\$430.26	\$359.00	\$664.39
BlueOptions 5801	\$141.03	\$513.55	\$432.07	\$781.30
BlueCare 51 HMO	\$158.68	\$553.78	\$467.35	\$837.76
BlueOptions 5800	\$170.97	\$581.81	\$491.94	\$877.10
BlueOptions 5070/5071	\$234.61	\$697.03	\$593.00	\$1038.81
BlueOptions 5464	\$377.57	\$1052.86	\$905.14	\$1538.22
Decline	Reason:			

Dependents - Please complete if enrolling for coverage							
Name	Relationship	M/F	SSN	DOB	Medical	Dental	Vision

Please read the following agreement and sign below.

Payroll Deduction: I authorize my employer to deduct from my earnings the amount required to cover my share of the premiums for the selected coverage.

Employee Signature _____

Date _____