

Employee: _____ SSN: _____ Sage Location: _____ DOB: _____

Start Date: _____ Coverage Effective Date: _____ Signature: _____

MARK (X) ONE FROM EACH CATEGORY (monthly cost indicated):

FULL TIME EMPLOYEE: (Works 30 or more hours per week)

MEDICAL Monthly Premium

To calculate approximate payroll deduction multiply monthly rate by rate by .14.

Regence Revive 2000 None _____ Individual (\$475.00) _____ Employee/Spouse (\$983.00) _____ +\$166.00 per child, # of children _____

DENTAL: None _____ Individual (\$20.33) _____ 2 Party (\$41.84) _____ Family (\$72.92) _____ (monthly costs)

VISION: None _____ Individual (\$4.86) _____ 2 Party (\$8.75) _____ Family (\$12.64) _____ (monthly costs)

SUPPLEMENTAL LIFE: None _____ OR _____ I elect coverage in the amount of \$ _____ (\$10,000 to \$500,000 in multiples of \$10,000) and my monthly premium is \$ _____. My age is _____ and my birthday is _____.

DEPENDENT LIFE: None _____ OR _____ I elect coverage at a cost of \$2.60 per month.

DISABILITY INSURANCE: None _____ OR _____ I have applied for coverage at 800-500-6578; I have elected coverage in the amount of \$ _____ per week; my monthly premium is \$ _____.

GROUP LIFE INSURANCE: None _____ OR _____ I elect \$20,000 group term coverage- Company Paid (attach enrollment card).

To calculate approximate payroll deduction for monthly costs multiply rate by .46.

PART TIME EMPLOYEE:

(Works less than 30 hours per week)

GOLD None _____ Individual (\$110.00) _____ 2 Party (\$217.00) _____ Family (\$322.00) _____

SILVER None _____ Individual (\$82.00) _____ 2 Party (\$160.00) _____ Family (\$238.00) _____

Calculate approximate payroll deduction: multiply rate by .23

Covered Dependents	Name	SSN	DOB	M/F
Spouse	_____	_____	_____	_____
Child	_____	_____	_____	_____
Child	_____	_____	_____	_____
Child	_____	_____	_____	_____

INSTRUCTIONS, PLEASE READ CAREFULLY:

STEP 1: SELECT COVERAGE

- Employee reviews SAGE's insurance benefits information book for each type of coverage.
- If you have questions about **life or disability** insurance coverage or rates, call 800-635-5597.

STEP 2: COMPLETE "INSURANCE BENEFITS ELECTION FORM"

- Complete ALL categories of this form. Employee must elect coverage or select "None" for each category.
- Fax this form to the corporate office (717-975-3522) within 30 days of your hire date.**

STEP 3: PAYROLL DEDUCTION

- You will receive a Payroll Deduction Authorization from SAGE; sign it and return it to the corporate office.
- Two (2) payroll deductions are required before insurance is effective.** Insurance is effective the first of the month following 60 days of employment.

STEP 4: FINAL ENROLLMENT

- You may only enroll after you have completed this form and signed the Payroll Deduction Authorization.
- You may need to speak with an Enroller from PCI Insurance or Meyers Insurance and answer a few questions before your enrollment is finalized. You will be contacted by phone should this be necessary.**

School Director: _____ Date: _____

Insurance Benefits Reference

<u>QUESTIONS REGARDING...</u>	<u>CALL</u>	<u>TELEPHONE NUMBER</u>
Regence Blue Shield (General Customer Service)	Mike Meyers, Agent	208-589-2825
Dental (Claims or Coverage)	United Concordia	800-332-0366
Vision (Claims or Coverage)	NVA	800-672-7723
SAGE Payroll Deduction	The SAGE Corporation	800-761-3931
Group Life Insurance	Harleysville	800.892.8877
Part Time Benefit coverage	American Sentinel	800-692-7338

WEBSITES

Regence Blue Shield of Idaho	www.id.regence.com
Dental Providers	www.ucci.com
Vision Providers (use group 5076600001)	www.e-nva.com
American Fidelity (disability insurance)	www.afaadvantage.com
American Sentinel	www.beechstreet.com
Harleysville (life insurance)	www.harleysville.com

NEW EMPLOYEE ENROLLMENT

Insurance Benefits

STEP 1: SELECT COVERAGE

1. Employee reviews SAGE's insurance benefits information book for each type of coverage.
2. If you have questions about life or disability insurance coverage or rates, call 800-635-5597.

STEP 2: COMPLETE "INSURANCE BENEFITS ELECTION FORM"

1. Complete ALL categories of SAGE's "Insurance Benefits Election Form". Employee must elect coverage or select "None" for each category.
2. Employee and the School Director must sign this form.
3. Fax this form to the corporate office (717-975-3522) within 30 days of your hire date.

STEP 3: PAYROLL DEDUCTION

1. You will receive a Payroll Deduction Authorization from SAGE.
2. Two (2) payroll deductions are required before insurance is effective. Insurance is effective the first of the month following 60 days of employment.

STEP 4: CALL THE ENROLLMENT CENTER

1. You may only enroll after you have completed SAGE's Benefit Election form and signed the Payroll Deduction Authorization.
2. You may need to speak with an Enroller from PCI Insurance or Meyers Insurance and answer a few questions before your enrollment is finalized. You will be contacted by phone should this be necessary.

NOTES

You will receive your insurance and prescription card approximately the third week of the month your insurance becomes effective. For example, if you enroll in January and your coverage is effective February 1st, you should receive your cards about the third week of February.

Be sure to find a medical provider (for example a doctor, dentist, lab, chiropractor, specialist, etc.) that accepts the plan you choose. There are telephone numbers and web sites listed available where you can find participating providers.

IMPORTANT REMINDER

IT IS THE EMPLOYEE'S RESPONSIBILITY TO ENSURE THAT THEY HAVE PROPERLY AND COMPLETELY ENROLLED IN THE HEALTH INSURANCE PROGRAM THAT MEETS THEIR NEEDS. EMPLOYEES ARE ALSO RESPONSIBLE FOR UNDERSTANDING THEIR COVERAGE CONDITIONS AND LIMITATIONS AND CLAIMS PROCEDURES.