



Providence School Department

Benefit Option Form

Teachers Hired After 8/30/2004

Due to a change in your status, different rates for medical and dental plans apply and are listed below. Please indicate below which plan you are enrolling in. Rates are subject to change and you will be notified of such changes as soon as possible. Please return this form to the Benefits Office via email to benefits@ppsd.org or fax to 401-680-5457 along with the appropriate completed forms, within 30 days of this letter to be eligible for benefits.

Open Enrollment occurs each year from September 1-30 for an October 1st effective date. This is the only time a change can be made to your coverage outside of a qualifying event (ex. marriage, birth/adoption, loss of coverage). You have 30 days from the date of the qualifying event to make changes to your benefits outside of Open Enrollment.

Name	_____	Employee ID	_____
Address	_____	Date	_____
	_____	Effective Date	10/1/2020

Reason for Change:

- | | | |
|--|--|--|
| <input type="checkbox"/> Probationary | <input type="checkbox"/> Return from Leave | <input type="checkbox"/> LTS 1 st /2 nd Semester |
| <input type="checkbox"/> Open Enrollment | <input type="checkbox"/> LTS 68 Days | <input type="checkbox"/> LTS 135 Days |

Rates are based on 21 payments per year. Payment for health and dental coverage will be made through payroll deduction.

Select	Plan Name	Tier	Bi-Weekly Cost
<input type="checkbox"/>	BCBSRI No Deductible Plan	<input type="checkbox"/> Individual	\$123.52
		<input type="checkbox"/> Family*	\$340.00
<input type="checkbox"/>	BCBSRI \$750 Deductible Plan	<input type="checkbox"/> Individual	\$57.37
		<input type="checkbox"/> Family*	\$150.61
<input type="checkbox"/>	Delta Dental	<input type="checkbox"/> Individual	\$0.00
		<input type="checkbox"/> Family*	\$0.00
<input type="checkbox"/>	I waive medical and/or dental coverage at this time. I understand I will not be able to enroll again until the next Open Enrollment occurs.		

*If adding spouse, please provide copy of marriage license; if adding children, please provide copy of birth certificate(s).

Employee Signature

Date

If you have any questions or need additional information, please contact the Benefits Office by phone at 401-680-5281 or email to benefits@ppsd.org.