



Medical Insurance Election Form (04/01/2025 Thru 03/31/2026)

DUE: 03/23/2025

Please select one box below to indicate your medical insurance election. The deduction shown next to the benefit that you select will be deducted from each of your paychecks before taxes under our section 125 plan.

Medical Coverage Choices:

PPO 1000 Plan Employee Only	<input type="checkbox"/>	\$145.18 per paycheck
PPO 1000 Plan Employee and Spouse	<input type="checkbox"/>	\$557.50 per paycheck
PPO 1000 Plan Employee and Children	<input type="checkbox"/>	\$380.38 per paycheck
PPO 1000 Plan Family	<input type="checkbox"/>	\$821.74 per paycheck

HSA Plan Employee Only	<input type="checkbox"/>	\$103.10 per paycheck
HSA Plan Employee and Spouse	<input type="checkbox"/>	\$395.89 per paycheck
HSA Plan Employee and Children	<input type="checkbox"/>	\$270.11 per paycheck
HSA Plan Family	<input type="checkbox"/>	\$583.53 per paycheck

PPO 2000 Plan Employee Only	<input type="checkbox"/>	\$122.83 per paycheck
PPO 2000 Plan Employee and Spouse	<input type="checkbox"/>	\$471.68 per paycheck
PPO 2000 Plan Employee and Children	<input type="checkbox"/>	\$321.83 per paycheck
PPO 2000 Plan Family	<input type="checkbox"/>	\$695.24 per paycheck

PPO 5000 Plan Employee Only	<input type="checkbox"/>	\$112.23 per paycheck
PPO 5000 Plan Employee and Spouse	<input type="checkbox"/>	\$430.96 per paycheck
PPO 5000 Plan Employee and Children	<input type="checkbox"/>	\$294.04 per paycheck
PPO 5000 Plan Family	<input type="checkbox"/>	\$635.22 per paycheck

IF Waiving Medical Coverage (please check reason below):

Covered under spouse's employer plan	<input type="checkbox"/>
Covered under parent's plan	<input type="checkbox"/>
Covered under individual plan	<input type="checkbox"/>
Other	<input type="checkbox"/>

SALARY REDUCTION AGREEMENT

I have read and understand the explanation that I have received regarding my options under the Columbus International Corporation (CIC). Premium Only Plan. CIC will redirect my salary as needed on a pretax basis during the plan year and apply this amount toward the purchase of the coverage I have elected above. I also understand that my election is irrevocable unless there is a change in my status. A change in status includes: marriage; divorce; death of a spouse or dependent; birth or adoption of a child; change in the number of dependents; termination or commencement employment; a change in residence for me, my spouse or children or a change in my spouse's employment status. I hereby apply for the coverage that I have elected above and authorize CIC to adjust my pay as required by my election from April 1, 2025 through March 31, 2026.

Signature _____ Date _____

Name (please print) _____

Phone _____

Email _____

Mailing Address _____
