



Change of Family Status Prepay Payroll Deductions

Section 1 Authorization: Pre Payment

I authorize the City of Chesapeake to adjust my payroll deduction to prepay my insurance for the expected Change of Family Status. The deduction date and amount will change based on the documentation provided.

Last Name	First	Middle	Department Number

- 2005 Optima PPO
- 2006 Optima POS
- 2007 Optima HMO
- 2012 Optima CDHP
- 2015 Anthem Dental – Basic
- 2016 Anthem Dental – Enhanced
- 2017 Davis Vision
- 2451 Flex Medical

Section 2 Current Coverage Selection:

Health - [] Employee [] Employee/Spouse [] Employee/Child [] Employee/Children [] Employee/Family
 Dental - [] Employee [] Employee/Spouse [] Employee/Child [] Employee/Children [] Employee/Family
 Vision - [] Employee [] Employee/Spouse [] Employee/Child [] Employee/Children [] Employee/Family

Section 3 Expected Coverage Selection:

Health - [] Employee [] Employee/Spouse [] Employee/Child [] Employee/Children [] Employee/Family
 Dental - [] Employee [] Employee/Spouse [] Employee/Child [] Employee/Children [] Employee/Family
 Vision - [] Employee [] Employee/Spouse [] Employee/Child [] Employee/Children [] Employee/Family

Section 4 Authorization: IRS Section 125 Pre-tax Plan

I authorize the City of Chesapeake to take payroll deductions on a pretax basis from my pay to cover my cost of the above-mentioned insurance plans. I understand that these amounts will be deducted before Federal, State & Social Security taxes are calculated. I understand that these contribution amounts are irrevocable during the plan year. This authorization will be effective for this plan year and subsequent plan years, unless modified by completion and acceptance of a new Health Plan Enrollment/Change Form.

Section 5 Changing Coverage:

After the qualifying event, I understand that I must complete the online enrollment at <https://ess.cityofchesapeake.net> and provide documentation within 30 days for the change to be processed.

Section 6 Must Complete Section 6 to Elect Prepayment:

Print Name: _____

Signature: _____

Date: ____/____/____