



TOWN OF LINCOLN

BENEFIT DECISION FORM

Employee Name: _____

Department: _____

I have been informed of the Town of Lincoln's insurance coverage options and costs, including pre-tax provisions which are available to me. You must choose yes or no under each option:

Insurance Options	Contribution	I WISH TO PARTICIPATE	
		YES	NO
BCBS New England HMO Blue (Pretax)	60/40 Split	_____	_____
BCBS New England (\$300/\$900) Deductible Plan (Pretax)	60/40 Split	_____	_____
BCBS Access Blue New England (\$2,000/\$4,000) Deductible Plan (Pretax)	60/40 Split	_____	_____
BCBS Select Saver (\$3,300/\$6,450) Deductible Plan (Pretax)	60/40 Split	_____	_____
Access Blue/Select Saver Only HSA Plan (Pretax)	Employee paid	_____	_____
Dental Blue - High Option (Pretax)	Employee paid	_____	_____
Dental Blue - Low Option (Pretax)	Employee paid	_____	_____
Vision Plan (Pretax)	Employee paid	_____	_____
Deferred Compensation Plan (Pretax)	Employee paid	_____	_____
Flexible Spending (CPA) (Pretax)	Employee paid	_____	_____
Basic Life (Pretax)	60/40 Split	_____	_____
Optional Life (Pretax)	Employee paid	_____	_____
Permanent Life (After tax)	Employee paid	_____	_____
Disability Long-Term (After tax)	Employee paid	_____	_____
Disability Short-Term (After tax)	Employee paid	_____	_____
Cancer (Pretax)	Employee paid	_____	_____
US Legal Services (After tax)	Employee paid	_____	_____
Accident Insurance (After tax)	Employee paid	_____	_____
Disability (Lincoln Financial)-School only (After tax)	Employee paid	_____	_____
Direct Deposit Form		_____	_____

Contact Roger Goodson at LifePlus for Information at Roger@lpins.com or 1-866-511-9222

Employee Signature: _____

Date: _____