BANKW Staffing Medical Plan Contract Employees
Medical & Dental Election Form
Effective January 1, 2027 – December 31, 2027

Election: BANKW Staffing offers Medical and Dental Coverage to contract employees who satisfy eligibility criteria as defined in the eligibility policy. To enroll in coverage, please make your selections below, sign and return this form to the HR Department, who will determine your eligibility. Please review Network vs PPO plans carefully to determine which plan to select.

MEDICAL: Health Plans Inc (HPI) HSA Network Plan **IN-NETWORK ONLY** **877-734-6995 www.hpiTPA.com**

The **HSA Network Plan** is only available to employees who reside **inside** the HPI Service Area which includes Maine, New Hampshire, Massachusetts, Vermont, and Rhode Island.

HPI HSA NETWORK PLAN – WEEKLY COST FOR CONTRACT EMPLOYEES

Your Rate of Pay	Employee		EE + Spouse		EE +Child(ren)		Family	
$14.99/hour or under	$42.92	☐	$303.52	☐	$260.99	☐	$479.05	☐
$15.00-$18.49/hour	$45.92	☐	$306.52	☐	$263.99	☐	$482.05	☐
$18.50/hour & above	$56.54	☐	$317.14	☐	$274.61	☐	$492.66	☐
							I choose to waive the HPI HSA Network Plan:	

MEDICAL: Health Plans Inc (HPI) HSA PPO Plan **OUT-OF-NETWORK ONLY** **877-734-6995 www.hpiTPA.com**

The **HSA PPO Plan** PPO is only available to employees who reside **outside** of the HPI Service Area which includes all states EXCEPT Maine, New Hampshire, Massachusetts, Vermont, and Rhode Island.

HPI HSA PPO PLAN – WEEKLY COST FOR CONTRACT EMPLOYEES

Your Rate of Pay	Employee		EE + Spouse		EE +Child(ren)		Family	
$14.99/hour or under	$42.92	☐	$324.73	☐	$278.37	☐	$514.54	☐
$15.00-$18.49/hour	$45.92	☐	$327.73	☐	$281.73	☐	$517.54	☐
$18.50/hour & above	$56.54	☐	$338.35	☐	$292.35	☐	$528.15	☐
							I choose to waive the HPI HSA PPO Plan:	

DENTAL: Northeast Delta PPO Plus Premier **800-832-5700 www.nedelta.com**

PPO DENTAL PLAN – WEEKLY COST FOR CONTRACT EMPLOYEES

Coverage Level	Employee		EE + One		Family	
Rates	$14.46	☐	$26.47	☐	$46.06	☐
					I choose to waive the Northeast Delta Dental Plan:	

Employee Acknowledgement:

I acknowledge the documents describing the terms and conditions of coverage, coverage options, and costs of coverage under the BANKW Staffing Medical Plan and Dental Plan, were provided to me electronically, prior to my eligibility. I acknowledge all relevant Plan documents for contractor employees are posted on the Company's website www.bankwstaffing.com and that I may request a paper copy of any relevant plan document(s), free of charge, by contacting Human Resources. I have had the opportunity to review these documents in advance of my election, and I understand any questions I have can be directed to Human Resources. I understand by enrolling in Medical and/or Benefits, I am making a binding election, and my coverage will remain in effect for the full period, unless I experience a qualifying event. I authorize payroll deductions on a pre-tax basis for the Medical and/or Dental Plan(s) elected through my employer-sponsored Section 125 Cafeteria Plan. I understand if I miss a payroll deduction, I am responsible for my portion of insurance premium(s). My missed deduction(s) will be divided over the same number of pay periods that were missed and added to my current benefit deduction(s).

Employee Signature:	
Printed Name:	
Date:	