

**WESTON PUBLIC SCHOOLS – ANNUAL OPEN ENROLLMENT FORM  
PAYROLL/BENEFITS CHANGE FORM - 2021/2022 SCHOOL YEAR  
CENTRAL OFFICE NON-REPRESENTED STAFF**

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
 MAIDEN NAME - \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY/STATE/ZIP CODE \_\_\_\_\_  
 TELEPHONE# \_\_\_\_\_

IS THIS A NEW ADDRESS: YES \_\_\_ NO \_\_\_ IF YES REFER TO WESTON'S WEBSITE FOR AN ADDRESS/NAME CHANGE FORM – CHANGE WILL NOT BE ACCEPTED OR PROCESSED WITHOUT THE FORM.

**Please check the following that applies: If you are interested in changing/starting/discontinuing any benefit listed below, please refer to the Weston Website under staff area then forms for all payroll related forms. CHANGES WILL NOT BE ACCEPTED OR PROCESSED WITHOUT THE APPROPRIATE FORM.**

_____ I wish to START Health Insurance	_____ I wish to START Dental Insurance
_____ I wish to CHANGE Health Insurance	_____ I wish to CHANGE Dental Insurance
_____ Please DISCONTINUE my Health Insurance	_____ Please DISCONTINUE my Dental Insurance
_____ I am NOT INTERESTED in having Health Coverage	_____ I am NOT INTERESTED in having Dental Coverage
_____ I wish to START Section 125 Flex Spending Acct	_____ I wish to CHANGE Section 125 Flex Spending Acct
_____ Please DISCONTINUE my Flex Spending Acct	_____ I am NOT INTERESTED in Section 125 Flex Spending

\*\*\* I will be retiring as of 6/18/2021 – Continue Insurance: \_\_\_\_\_ YES \_\_\_\_\_ NO \*\*Please contact Marisa Forchione at 1553\*\*  
 \*\*\* I will be resigning as of 6/18/2021 – Continue Insurance: \_\_\_\_\_ YES \_\_\_\_\_ NO \*\*Please contact Marisa Forchione at 1553\*\*

Certified Staff will contribute according to their respective contracts and will contribute as identified in their Flexible Spending Account Enrollment Form.

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DIRECT DEPOSIT START \_\_\_\_\_ CHANGE \_\_\_\_\_ MANDATORY TO HAVE DIRECT DEPOSIT  
 TAX SHELTER 403B START \_\_\_\_\_ CHANGE \_\_\_\_\_ DISCONTINUE \_\_\_\_\_ COMPLETE FORM ON WEBSITE  
 TRI-TOWN CREDIT UNION START \_\_\_\_\_ CHANGE \_\_\_\_\_ DISCONTINUE \_\_\_\_\_ COMPLETE FORM ON WEBSITE

**MERS RETIREMENT CONTRIBUTIONS**

MERS IS AUTOMATICALLY DEDUCTED FOR NON-CERTIFIED FULL-TIME (20 HOURS/WEEK OR MORE).

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**BENEFITS PAYROLL DEDUCTION AUTHORIZATION FORM 2021-2022 CENTRAL OFFICE**  
**NON-REPRESENTED STAFF**

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1. MEDICAL AND DENTAL INSURANCE  
CHECK ONE PLAN & COST SHARE OPTION THAT APPLIES

MEDICAL INSURANCE	COST SHARE	DELTA DENTAL COVERAGE	COST SHARE	COMBINED COST SHARE FOR 20 PAYS
<input type="checkbox"/> EMPLOYEE	\$82.73	<input type="checkbox"/> EMPLOYEE	\$3.14	\$85.87
<input type="checkbox"/> EMPLOYEE + 1	\$177.11	<input type="checkbox"/> EMPLOYEE + 1	\$6.30	\$183.41
<input type="checkbox"/> FAMILY	\$216.43	<input type="checkbox"/> FAMILY	\$9.54	\$225.97

**\*\* TAX FORMS ARE AVAILABLE ON THE WESTON WEBSITE UNDER STAFF AREA THEN FORMS\*\*\*\***

**PLEASE RETURN ORIGINAL TO MARISA FORCHIONE NO LATER THAN JUNE 16, 2021 . IF YOU HAVE ANY QUESTIONS, PLEASE EMAIL AT marisaforchione@westonps.org**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_