

WESTON PUBLIC SCHOOLS – ANNUAL OPEN ENROLLMENT FORM

PAYROLL/BENEFITS CHANGE FORM - 2021/2022 SCHOOL YEAR  
ADMINISTRATORS AND ADMIN/ WAA

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.**

- |   |   |
|---|---|
| <input type="checkbox"/> I wish to START Health Insurance               | <input type="checkbox"/> I wish to START Dental Insurance                 |
| <input type="checkbox"/> I wish to CHANGE Health Insurance              | <input type="checkbox"/> I wish to CHANGE Dental Insurance                |
| <input type="checkbox"/> Please DISCONTINUE my Health Insurance         | <input type="checkbox"/> Please DISCONTINUE my Dental Insurance           |
| <input type="checkbox"/> I am NOT INTERESTED in having Health Coverage  | <input type="checkbox"/> I am NOT INTERESTED in having Dental Coverage    |
| <input type="checkbox"/> I wish to START Section 125 Flex Spending Acct | <input type="checkbox"/> I wish to CHANGE Section 125 Flex Spending Acct  |
| <input type="checkbox"/> Please DISCONTINUE my Flex Spending Acct       | <input type="checkbox"/> 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 7/1/18
- TAX SHELTER 403B START \_\_\_ CHANGE \_\_\_ DISCONTINUE \_\_\_ COMPLETE FORM ON WEBSITE
- TRI-TOWN CREDIT UNION START \_\_\_ CHANGE \_\_\_ DISCONTINUE \_\_\_ COMPLETE FORM ON WEBSITE

Note: TEACHERS’ RETIREMENT FOR CERTIFIED STAFF (.5 OR HIGHER) IS AUTOMATICALLY DEDUCTED FROM 20 PAYS.

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

**BENEFITS PAYROLL DEDUCTION AUTHORIZATION FORM 2021-2022 ADMINISTRATORS**

**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.**

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

INSURANCE COVERAGE	COST SHARE	DELTA DENTAL COVERAGE	COST SHARE	COMBINED COST SHARE FOR 20 PAYS
<input type="checkbox"/> EMPLOYEE	\$121.64	<input type="checkbox"/> EMPLOYEE	\$4.65	\$126.28
<input type="checkbox"/> EMPLOYEE + 1	\$260.68	<input type="checkbox"/> EMPLOYEE + 1	\$9.34	\$270.02
<input type="checkbox"/> FAMILY	\$318.62	<input type="checkbox"/> FAMILY	\$14.13	\$332.75

**\*\* 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](mailto:marisaforchione@westonps.org)**

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