

WESTON PUBLIC SCHOOLS – ANNUAL OPEN ENROLLMENT FORM

PAYROLL/BENEFITS CHANGE FORM - 2021/2022 SCHOOL YEAR
CERTIFIED STAFF - WTA

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 calculate my 2021/2022 salary on the following basis of: ****

_____ (22 pays) _____ (26 pays)

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 PER WTA CONTRACT AS OF 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 – CERTIFIED STAFF

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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	\$112.03	<input type="checkbox"/> EMPLOYEE	\$4.07	\$116.10
<input type="checkbox"/> EMPLOYEE + 1	\$240.10	<input type="checkbox"/> EMPLOYEE + 1	\$8.17	\$248.28
<input type="checkbox"/> FAMILY	\$293.47	<input type="checkbox"/> FAMILY	\$12.36	\$305.83

SIGNATURE _____ DATE _____

**** 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**