



HEALTH INSURANCE ENROLLMENT

As an employee of Texas Select Staffing, you will be eligible for health & dental insurance through United Healthcare the first of the month after a 60-day waiting period. If you decide to enroll, you will be required to sign a new Assignment Contract that includes the added insurance. Taking health insurance will decrease your compensation according to the chart below depending on which plan you choose. Any additional dependent premiums will be deducted from your pay as listed below.

	OPTION 1 United Healthcare ETP2 Choice Plus PPO	OPTION 2 United Healthcare EIV3 Charter HMO	DENTAL PLAN UHC 0P054
Employee Only	\$5.82/hour off rate	\$4.60/ hour off rate	\$5.33 per week
with Spouse	\$209.38 per week	\$165.63 per week	\$10.67 per week
with Children	\$209.38 per week	\$165.63 per week	\$13.77 per week
with Family	\$419.10 per week	\$331.54 per week	\$20.23 per week

****All premium amounts are subject to change at open enrollment**

EXAMPLE: if you choose Option 1 with Spouse, your hourly rate will be decreased by \$5.82 per hour and you will have an additional \$209.38 per week deducted from your pay for dependent premium. If you also choose dental for yourself and spouse it will be an additional \$10.67 per week deducted.

**Please review all of the information provided carefully. If you DO NOT want to sign up for coverage, then please complete a declination form at www.texaselectstaffing.com/insurance.

If Accepting, please complete the 2026-2027 OPEN ENROLLMENT EMPLOYEE ELECTION FORM



2026-2027 OPEN ENROLLMENT EMPLOYEE ELECTION FORM

Name: _____
 Date of Birth: _____ Date of Hire: _____
 Email Address: _____
 Employee SSN: _____
 Address, State, Zip _____
 Phone Number _____ Male Female
 Disabled? Yes No

Please select only one UnitedHealthcare medical plan.

- | | |
|---|---|
| <input type="checkbox"/> <u>ETP2 Choice Plus PPO</u> | <input type="checkbox"/> <u>EIV3 Charter HMO</u> |
| <input type="checkbox"/> Employee Only | <input type="checkbox"/> Employee Only |
| <input type="checkbox"/> Employee + Spouse | <input type="checkbox"/> Employee + Spouse |
| <input type="checkbox"/> Employee + Children | <input type="checkbox"/> Employee + Children |
| <input type="checkbox"/> Employee + Family | <input type="checkbox"/> Employee + Family |

WAIVE ALL MEDICAL

Reason: Other Group Coverage Medicare Medicaid Other, explain: _____

If selecting the Charter plan, you must provide the following

Employee PCP Name _____	PCP NPI# _____
Spouse PCP Name _____	Spouse PCP NPI# _____
Dependent PCP Name _____	Dependent PCP NPI# _____

The PCP NPI# is NOT the office phone number. Ask your Doctor's office for their NPI# or visit the carrier website. To find a Primary Care Physician (PCP), go to [Find a Doctor or Hospital](#)

DENTAL

- Employee Only
 Employee + Spouse
 Employee + Children
 Employee + Family
 Waive Dental

Dependent Information:

Spouse Name: _____	DOB: _____	SS#: _____	Gender: _____
Child Name 1: _____	DOB: _____	SS#: _____	Gender: _____
Child Name 2: _____	DOB: _____	SS#: _____	Gender: _____
Child Name 3: _____	DOB: _____	SS#: _____	Gender: _____
Child Name 4: _____	DOB: _____	SS#: _____	Gender: _____
Child Name 5: _____	DOB: _____	SS#: _____	Gender: _____

I authorize the adjustment to my bi-weekly salary based on my elections above.

EMPLOYEE SIGNATURE: _____ DATE: _____