Westside Consolidated School District

NEW HIRE INFORMATION

Educational BENEFITS
A JTS Financial Company

☐ *Name Change* ☐ *Address Change*

☐ *Beneficiary Change*

Name _____ SS# _____ Gender _____

Home Address _____ City, State _____ Zip _____

Date of Birth _____ Job Title _____

Work # _____ Cell # _____ Email _____

Date of Hire _____ Effective Date of Coverage _____ Annual Salary _____

Certified/Classified _____ Hours/week _____ Employee ID# _____

Dependent Information

First Name	Last Name	Date of Birth	Gender	SSN	Relationship to Employee

Beneficiary Information

First Name	Last Name	Date of Birth	Relationship to Employee	Secondary or Primary	Percentage

Dental & Long Term Disability are paid for by Westside Consolidated SD

DENTAL COVERAGE (DELTA DENTAL)

COVERAGE TIER	MONTHLY RATES
☐ Employee	**$0.00**
☐ Employee + Spouse	$31.12
☐ Employee + Child(ren)	$24.82
☐ Family	$63.24

VISION COVERAGE (BCBS)

COVERAGE TIER	MONTHLY RATES
☐ Employee	$9.00
☐ Employee + Spouse	$16.68
☐ Employee + Child(ren)	$18.02
☐ Family	$25.68

FLEXIBLE SPENDING ACCOUNT (ACUITY)

☐ *Elect FSA*	AMOUNTS
Medical Reimbursement	$2,750
Dependent Care Reimbursement	$5,000
Amount per month	_____

Signature _____ Date _____