

# Crook County

Payroll Deduction January 1, 2026 to December 31, 2026

All Forms to be submitted by October 31st, 2026

Employee Name \_\_\_\_\_

Effective Date of Change \_\_\_\_\_

Renew "As Is" ☐

Enrolling with Changes ☐

If making changes, please complete all boxes below

Medical and Vision - PacificSource & Dental - Moda Delta Dental					
Navigator \$1500 Deductible with Dental		Monthly Pre-Tax Premium	Monthly Post-Tax Premium	Navigator \$3000 Deductible with Dental	Monthly HRA Contribution
<input type="checkbox"/>	Employee Only	\$122.91	\$0.00	<input type="checkbox"/>	Employee Only (\$45.90)
<input type="checkbox"/>	Employee & Spouse	\$267.47	\$0.00	<input type="checkbox"/>	Employee & Spouse (\$101.39)
<input type="checkbox"/>	Employee, Spouse and Child(ren)	\$305.80	\$0.00	<input type="checkbox"/>	Employee, Spouse and Child(ren) (\$106.98)
<input type="checkbox"/>	Employee & Child(ren)	\$208.86	\$0.00	<input type="checkbox"/>	Employee & Child(ren) (\$73.11)
<input type="checkbox"/>	Waiving Medical (\$62.50 Per Paycheck)			<input type="checkbox"/>	Waiving Medical
Please use the below options if you are covering a Domestic Partner					
<input type="checkbox"/>	Employee & DP	\$122.91	\$144.56	<input type="checkbox"/>	Employee & DP (\$101.39)
<input type="checkbox"/>	Employee, DP and Child(ren)	\$208.86	\$96.94	<input type="checkbox"/>	Employee, DP and Child(ren) (\$106.98)
<input type="checkbox"/>	Employee, DP and DP's Child(ren)	\$122.91	\$182.89	<input type="checkbox"/>	Employee, DP and DP's Child(ren) (\$106.98)
<input type="checkbox"/>	Employee and DP's Child(ren)	\$122.91	\$85.95	<input type="checkbox"/>	Employee and DP's Child(ren) (\$73.11)

Note: If you wish to enroll differently in Medical and Dental, please contact HR for rates and contributions.

If you would like to make plan or enrollment changes, please complete the forms below:

1. Plan Selection Form - if you would like to elect a new plan in 2026.
2. Employee/Dependent Enrollment Application - if you would like to enroll or drop spouse/dependent coverage, or waive coverage.
3. If you enrolled in the Navigator \$3000 Deductible in 2026, please also complete the BPAS enrollment form.

Health Savings Account - BPAS		
Only for those enrolled in the Navigator HSA \$2000		
Additional Employee Contribution	Election per pay period	18 Month Election
Note: Amount listed here is a pre-tax employee payroll contribution and will be in addition to the contribution made by Crook County. <b>Not required</b>		
\$ _____	\$ _____	
Required Forms: BPAS HSA Enrollment Form		

Flexible Spending Account - PNC Bank			
Can be enrolled in any plan, but if enrolled in Navigator HSA \$2000, benefits limited to Dental & Vision			
Health Flexible Spending Account	Election per pay period	12 Month Election	
Enrollment is 1/1/26 to 12/31/26 \$3400/\$141.67 per py prd	\$ _____	\$ _____	
Dependent Care Flexible Account	Election per pay period	12 Month Election	
Enrollment is 1/1/26 to 12/31/26 \$7500/\$312.50 per py prd	\$ _____	\$ _____	
Required Forms: FSA Enrollment Form			

Additional Option Coverages			
MASA Emergency Transport	Emergent Plus	<input type="checkbox"/>	\$7.00 per pay period
	Emergent Premier	<input type="checkbox"/>	\$9.50 per pay period
	Platinum - Single	<input type="checkbox"/>	\$14.50 per pay period
	Platinum - Family	<input type="checkbox"/>	\$19.50 per pay period
Required Forms: MASA Enrollment Form			

AFLAC	
<input type="checkbox"/> Elect	<input type="checkbox"/> Waive
Required Forms: Agent will provide required forms	

I agree to have the above amounts deducted from my paycheck and have completed the appropriate applications or waivers.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_