

**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**

<b>Medical and Vision - PacificSource &amp; Dental - Moda Delta Dental</b>						
Navigator \$1500 Deductible with Dental			Navigator \$3000 Deductible with Dental		Navigator HSA \$2000 Deductible with Dental New Enrollment is no longer available after 1/1/2026	
	Monthly Pre-Tax Premium	Monthly Post-Tax Premium		Monthly HRA Contribution		Monthly HSA Contribution
Employee Only	\$122.91	\$0.00	Employee Only	(\$45.90)	Employee Only	(\$93.99)
Employee & Spouse	\$267.47	\$0.00	Employee & Spouse	(\$101.39)	Employee & Spouse	(\$206.46)
Employee, Spouse and Child(ren)	\$305.80	\$0.00	Employee, Spouse and Child(ren)	(\$106.98)	Employee, Spouse and Child(ren)	(\$224.57)
Employee & Child(ren)	\$208.86	\$0.00	Employee & Child(ren)	(\$73.11)	Employee & Child(ren)	(\$153.43)
Waiving Medical (\$62.50 Per Paycheck)			Waiving Medical		Waiving Medical	
<i>Please use the below options if you are covering a Domestic Partner</i>						
Employee & DP	\$122.91	\$144.56	Employee & DP	(\$101.39)	Employee & DP	(\$206.46)
Employee, DP and Child(ren)	\$208.86	\$96.94	Employee, DP and Child(ren)	(\$106.98)	Employee, DP and Child(ren)	(\$224.57)
Employee, DP and DP's Child(ren)	\$122.91	\$182.89	Employee, DP and DP's Child(ren)	(\$106.98)	Employee, DP and DP's Child(ren)	(\$224.57)
Employee and DP's Child(ren)	\$122.91	\$85.95	Employee and DP's Child(ren)	(\$73.11)	Employee and DP's Child(ren)	(\$153.43)

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>		
\$ <input type="text"/> \$ <input type="text"/>		
<b>Required Forms: BPAS HSA Enrollment Form</b>		

**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
<b>Enrollment is 1/1/26 to 12/31/26 \$3400/\$141.67 per pay prd</b>		
\$ <input type="text"/> \$ <input type="text"/>		
Dependent Care Flexible Account		
\$ <input type="text"/> \$ <input type="text"/>		
Election per pay period		
12 Month Election		
<b>Enrollment is 1/1/26 to 12/31/26 \$7500/\$125.00 per pay prd</b>		
\$ <input type="text"/> \$ <input type="text"/>		
<b>Required Forms: FSA Enrollment Form</b>		

**Additional Option Coverages**

**MASA Emergency Transport**

**Required Forms: MASA Enrollment Form**

Emergent Plus	\$ 7.00 per pay period
Emergent Premier	\$ 9.50 per pay period
Platinum - Single	\$ 14.50 per pay period
Platinum - Family	\$ 19.50 per pay period

**AFLAC**

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

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

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

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