



Fall River School District

2018 - 2019 Benefits and Payroll Selections

Employee Name: _____

Please review the information below and return your selections to the Business Office ASAP. Contact Andy Christensen at achristensen@fallriver.k12.wi.us or 484-3333 x 223 with any questions.

Health Insurance

Total/Your Monthly

Circle One: Single Plan \$626.08/77.63 Family Plan \$1,627.81/201.85 Waive Health Insurance

Dental Insurance

Circle One: Single Plan \$51.79/7.77 Family Plan \$152.74/22.91 Waive Dental Insurance

Vision Insurance

100% is Your Cost

Circle One: Single Plan \$9.44 Family Plan \$23.51 Waive Vision Insurance

Retirement

___ Check here if you do NOT want to contribute an additional amount to retirement. Participants in the WRS already make required contributions. This is in addition.

___ Check here if you want to make additional contributions. I want to make additional contributions to a 403(b) or WRS account. I would like \$_____ to be deducted per payroll and contributed to _____ (name of fund).

Health Savings Account

___ Check here if you already have a health savings account on file with the school; ___ Or here, if not.

Bank Name: _____ Routing #: _____ Acct #: _____

Long Term Disability and Life

___ Check here if you already have a beneficiary on file with the district; ___ Or here, if you do not have a beneficiary.

___ Check here if you will be purchasing additional coverage under the district plan.

W4 and Additional Tax

___ Check here if your W4 and tax data on file with the district is up-to-date; ___ Or here if your W-4 needs updating.

Rec Membership

Staff will receive a one-year pass to the Fall River Fitness Center at the single rate. The additional cost to receive a family membership (if so desired) is the responsibility of the staff member.

Accept single membership Decline single membership

Please Return to Business Office by June 1.

Helping all students achieve to their fullest potential