## PSATS TRUSTEES INSURANCE AND RETIREMENT SERVICES Election of Participation

If your township is interested in enrolling in any of our insurance programs, you must complete this form and return it to our office. We will need enrollment forms for each individual to be enrolled. Please keep in mind that all the enrollment forms must be in our office before we can establish an effective date.

Please indicate the plans you wish to be enrolled in:

MEDICAL INSURANCE PLANS:	MEDICARE INTEGRATED PLANS:	LIFE INSURANCE PLANS:
PPO Plan 2 PPO Plan 3	PPO Plan w/Rx 1203 PPO Plan w/Rx 1338	Plan \$10,000 Plan \$25,000 Plan \$50,000
PPO Plan 5 PPO Plan 6 PPO Plan 7	ESA Plan w/Rx 1203 ESA Plan w/Rx 1338	Plan \$75,000 Plan \$75,000
	Number of Enrollment Packets Needed:	_
SHORT TERM DISABILITY PLANS:	DENTAL INSURANCE PLANS:	VISION INSURANCE PLANS:
Plan 1 Plan 2	Plan #1 Plan #2	Employer Paid Voluntary
Plan 3	Plan #2	·
		Plan Effective Date:
TOWNSHIP & COUNTY		
TOWNSHIP SECRETARY		
ADDRESS		
TELEPHONE NUMBERFAX NUMBER		
EMAIL ADDRESS		
PROBATIONARY PERIOD: # OF DAYS: (Cannot exceed 90 days for a medical plan)		
Does the Township have a policy allowing non-working supervisors to participate in a township-provided group health, life, or dental plan?		
If yes, provide (1) a copy of the policy (with adoption date); and (2) documentation that the policy remains in effect. If no, the supervisor is not eligible until the beginning of his or her next term.		
Were all participating non-working supervisors in office before the policy was adopted?		
NOTE: By signing this Election of Participation Form, the Township acknowledges that it will be solely responsible for all costs and fees imposed on the Trust if a non-working supervisor is not eligible to participate in a group health, life, or dental plan.		
SIGNATURE:	DATE:	
TIN #:		