American Business Solutions Inc.

Medical Insurance Election Form
4/1/26 thru 3/31/27

Dental and Vision Insurance Election Form
4/1/26 thru 3/31/27

Please select one box below to indicate your medical insurance election, one box below to indicate your Dental insurance election and one box to indicate your Vision insurance election. The deduction shown next to the benefit that you select will be deducted from each of your paychecks before taxes under our section 125 plan.

Medical Coverage Choices:

PPO 500 Plan Employee Only	☐	$145.59 per paycheck
PPO 500 Plan Employee and Spouse	☐	$628.09 per paycheck
PPO 500 Plan Employee and Children	☐	$364.27 per paycheck
PPO 500 Plan Family	☐	$777.47 per paycheck

HSA 6200 Plan Employee Only	☐	$92.18 per paycheck
HAS 6200 Plan Employee and Spouse	☐	$397.68 per paycheck
HSA 6200 Plan Employee and Children	☐	$230.64 per paycheck
HAS 6200 Plan Family	☐	$492.25 per paycheck

PPO 2000 Plan Employee Only	☐	$130.81 per paycheck
PPO 2000 Plan Employee and Spouse	☐	$564.32 per paycheck
PPO 2000 Plan Employee and Children	☐	$327.29 per paycheck
PPO 2000 Plan Family	☐	$698.54 per paycheck

PPO 5000 Plan Employee Only	☐	$113.15 per paycheck
PPO 5000 Plan Employee and Spouse	☐	$488.13 per paycheck
PPO 5000 Plan Employee and Children	☐	$283.10 per paycheck
PPO 5000 Plan Family	☐	$604.22 per paycheck

IF Waiving Medical Coverage (please check reason below):

Covered under spouse's employer plan	☐
Covered under parent's plan	☐
Covered under individual plan	☐
Other	☐

Dental Coverage Choices:

Employee Only	☐	$13.74 per paycheck
Employee and Spouse	☐	$30.01 per paycheck
Employee and Children	☐	$35.40 per paycheck
Family	☐	$53.77 per paycheck
Waiving Dental Coverage	☐	

Vision Coverage Choices:

Employee Only	☐	$2.94 per paycheck
Employee and Spouse	☐	$4.95 per paycheck
Employee and Children	☐	$5.05 per paycheck
Family	☐	$8.15 per paycheck
Waiving Vision Coverage	☐	

SALARY REDUCTION AGREEMENT

I have read and understand the explanation that I have received regarding my options under the American Business Solutions, Inc. Premium Only Plan. American Business Solutions, Inc. will redirect my salary as needed on a pretax basis during the plan year and apply this amount toward the purchase of the coverage I have elected above. I also understand that my election is irrevocable unless there is a change in my status. A change in status includes: marriage; divorce; death of a spouse or dependent; birth or adoption of a child; change in the number of dependents; termination or commencement employment; a change in residendence for me, my spouse or children or a change in my spouse's employment status. I hereby apply for the coverage that I have elected above and authorize ABSI to adjust my pay as required by my election from April 1, 2026 through March 31, 2027.

Signature _____ Date _____

Name (please print) _____

Phone _____

Email _____

Mailing Address _____

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