



WWW.ASA.EDU

HEALTH INSURANCE ACCEPTANCE FORM 2018-2019
FOR FULL TIME EQUIVALENT (FTE) EMPLOYEES
(for employees working 30-39 hours per week)

EMPLOYEE INFORMATION
Name (Last, First): Employee ID:
Home Address: Date of Hire:
Telephone #: SSN#:
E-mail address: Date of Birth:
Signature: Gender:

I elect Health Insurance coverage for 2018-2019 as follows:

HEALTH INSURANCE INFORMATION Cigna MVP plan
Employee Pre-Tax Bi-Weekly Payroll Deductions
(please check the box next to cost for your benefit selection below and initial)
Employee: 9.56% (2018)/ 9.86% (2019) of your NET taxable wages
Employee/Spouse: + \$315.83
Employee/1 Child: + \$315.83
Employee/Children: + \$679.03
Family: + \$679.03
Waiver: \$0.00 - REQUIRES FTE HEALTH INSURANCE DECLINATION FORM SUBMISSION

If insuring family members, enter their information below:

DEPENDENT INFORMATION
Dependent #1
Name (Last, First): Date of Birth:
Relationship: Gender: SSN#
Dependent #2
Name (Last, First): Date of Birth:
Relationship: Gender: SSN#
Dependent #3
Name (Last, First): Date of Birth:
Relationship: Gender: SSN#
Dependent #4
Name (Last, First): Date of Birth:
Relationship: Gender: SSN#
Dependent #5
Name (Last, First): Date of Birth:
Relationship: Gender: SSN#

ASA College Human Resources Office

Received Date

HR Assistant Name and Title

HR Assistant Signature

DOWNTOWN BROOKLYN

151 Lawrence Street
Brooklyn, NY 11201
Tel: 718 - 522-9073

MIDTOWN MANHATTAN

1293 Broadway/One Herald Center
New York, NY 10001
Tel: 212-672-6450

NORTH MIAMI BEACH

3909 N.E. 163rd Street
North Miami Beach, FL 33160
Tel: 786-279-1740

DANIA BEACH

225 E Dania Beach Blvd, Suite 120
Dania Beach, FL 33004
Tel: 786-279-1740

HIALEAH

530 West 49th Street
Hialeah, FL 33012
Tel: 786-279-2643