

**Healthcare Change
Southern Union
Conference Year: 2021**

Employee: _____

Please check the appropriate box for your **new** healthcare change.

Accelerate Plan

- | | |
|--|-------|
| <input type="checkbox"/> Employee | \$65 |
| <input type="checkbox"/> Employee + Spouse | \$155 |
| <input type="checkbox"/> Employee + 1 Child | \$105 |
| <input type="checkbox"/> Employee + Children | \$115 |
| <input type="checkbox"/> Family | \$180 |

Effective Date Change: _____

Signature _____

Employee submit copy to Human Resources and payroll.