

Employee Name \_\_\_\_\_  
 Date of Hire \_\_\_\_\_  
 Eligibility Date \_\_\_\_\_

Employee Social Security Number \_\_\_\_\_

Employee Date of Birth: \_\_\_\_\_

Enrollment Reason  New Hire  
 Newly Eligible  
 Open Enrollment  
 Qualifying Life Event

Employee address: \_\_\_\_\_

**Dependent Data**

Spouse Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Date of Marriage \_\_\_\_\_

Social Security Number \_\_\_\_\_

Child 1 \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Gender \_\_\_\_\_

Social Security Number \_\_\_\_\_

Child 2 \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Gender \_\_\_\_\_

Social Security Number \_\_\_\_\_

Child 3 \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Gender \_\_\_\_\_

Social Security Number \_\_\_\_\_

\* Qualified children can be covered up to the age of eligibility (Medical up to age 26; Dental age 19 or 23 if FT student; Vision age 19 or 25 if FT student)

**Medical**

Per Month cost. Will be adjusted based on pay options (26 pays- 10 mos-10 mos +lump)

Single	Two Person	Family	Waive
\$ 37.73	\$ 80.37	\$ 109.42	\$ -
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Election**

Names of those covered in Medical plan: \_\_\_\_\_

**Dental**

No employee cost. 100% Employer paid

Single	Two Person	Family	Waive
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Election**

Names of those covered in Dental plan: \_\_\_\_\_

**Vision**

Employee & Employer cost

Single	Two Person	Family	Waive
\$ 7.20	\$ 12.25	\$ 16.95	\$ -
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Election**

Names of those covered in Vision plan: \_\_\_\_\_

**EAP**

No employee cost. 100% employer paid

Family
X

**Election**

**Disability**

100% Employee paid

Voluntary Long Term Disability

Employee only coverage

Option 1	Option 2	Option 3	Option 4	Option 5	Waive
14 Day 0.0093	30 day 0.0078	60 day 0.0061	90 day 0.0053	180 day 0.00425	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*\$100,000 annual salary cap

**Election**

Elected within first 30 days of eligibility, no EOI form needed

**If elected after 30 days of employment/eligibility you MUST complete EOI form**

*Failure to return EOI will result in waived coverage*

VLTD: your payroll deduction is based on the option chosen and number of paychecks you receive.

Maximum monthly benefit

\$ \_\_\_\_\_ annual salary / 12X.6=

\$ \_\_\_\_\_ maximum monthly benefit

VLTD Annual Premium

\$ \_\_\_\_\_ annual salary X rate =

\$ \_\_\_\_\_ VLTD annual premium

<input type="checkbox"/>
<input type="checkbox"/>

**Life AD&D**

Full Time employees are eligible for Life coverage. 100% employer cost

Employee only coverage

\$35,000
X

**Election**

**Beneficiary form must be completed and returned annually**

X
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**All costs are estimated pending premium changes and subject to change**

Plan rules, designs, and procedures are subject to change. Official Plan documents govern each plan.

Benefits elections can only be made, changed or waived at time of eligibility, open enrollment or within 30 days of a qualifying life event. Most deductions are pre-tax

Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_