

AFSCME – Part Time

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

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

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

Enrollment Reason

<input type="checkbox"/>	New Hire
<input type="checkbox"/>	Newly Eligible
<input type="checkbox"/>	Open Enrollment
<input type="checkbox"/>	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 upto age 26; Dental age 19 or 23 if FT student; Vision age 19 or 25 if FT student)

**EAP**

No employee cost. 100%  
 employer paid

**Election**

Family
X

**Voluntary Disability Coverage, Employee only coverage. 100% Employee paid**

**Disability**

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*

X

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

All Summary Plan Descriptions are available upon request.                      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  
Eligibility is determined by CBA, Plan documents and policy

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

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