

Act 93 Administrators

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

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

Enrollment Reason

<input type="checkbox"/>	New Hire
<input type="checkbox"/>	Newly Eligible
<input type="checkbox"/>	Open Enrollment
<input type="checkbox"/>	Qualifying Life Event

Employee Date of Birth \_\_\_\_\_  
 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)

**Medical**

Per Month cost. Will be adjusted based on pay options

Single	Two Person	Family	Waive
\$ 66.34	\$ 141.31	\$ 192.40	\$ -
<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: \_\_\_\_\_

<b>Vision</b>	Employee & Employer cost			
	Single	Two Person	Family	Waive
	\$ 7.20	\$ 12.25	\$ 16.95	\$ -
<b>Election</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

\_\_\_\_\_

<b>EAP</b>	No employee cost. 100% employer paid		
<b>Election</b>	<table border="1"> <tr> <td>Family</td> </tr> <tr> <td>X</td> </tr> </table>	Family	X
Family			
X			

<b>Disability</b>	100% Employee paid		Voluntary Long Term Disability			Employee only coverage
	Option 1 14 Day 0.0093	Option 2 30 day 0.0078	Option 3 60 day 0.0061	Option 4 90 day 0.0053	Option 5 180 day 0.00425	Waive
<b>Election</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

\*\$:


**Life AD&D**

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

<70 years of age  100% of pay + \$10,000 up to \$150,000	>70 years of age  50% of pay + \$10,000 up to \$150,000
X	X

**Election**

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

X
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**All costs are estimated pending finalization of plan premium costs.** 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: \_\_\_\_\_