

Act 93 Support

Employee Name _____
 Date of Hire _____
 Eligibility Date _____
 Enrollment Reason

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

Employee Social Security Number _____
 Employee Date of Birth: _____
 Employee home 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
\$ 39.81	\$ 84.79	\$ 115.44	\$ -
<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	30 day	60 day	90 day	180 day	
0.0093	0.0078	0.0061	0.0053	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

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

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 up to \$50,000	>70 years of age 50% of pay up to \$50,000
X	X

Election

Beneficiary form must be completed and returned annually

X

All costs are estimated based on plan premium changes and subject to change.

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

Date: _____

Employee Signature: _____