

GMEA – 2016 Enrollment

Employee Name _____

Employee Social Security Number _____

Date of Hire _____

Eligibility Date _____

Employee
Date of
Birth:
Employee
address:

Enrollment Reason

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

New Hire
Newly Eligible
Open Enrollment
Qualifying Life Event

Dependent Data

Spouse Name _____

Social Security Number _____

Date of Birth _____

Date of Marriage _____

Child 1 _____

Social Security Number _____

Date of Birth _____

Gender _____

Child 2 _____

Social Security Number _____

Date of Birth _____

Gender _____

Child 3 _____

Social Security Number _____

Date of Birth _____

Gender _____

* 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
	\$ 145.33	\$ 216.33	\$ 264.33	\$ -
Election	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

<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

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

<70 years of age \$50,000
X

>70 years of age \$25,000
X

Election

Beneficiary form must be completed and returned annually

X

Costs are estimated pending finalization of premium costs and changes in collective bargaining agreement.

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

Date: _____

Employee Signature: _____