

2023-2024 Benefit Enrollment Election Form

See Benefits Guidebook for Benefit Information and per pay rates

Please complete both sides of form (including a beneficiary for Core Life Insurance)

Name: _____ Employee #: _____ Phone #: _____

Medical Waive Out

PPO 3000	QCDHP 2000	QCDHP 3000
Election:	Election:	Election:
<input type="checkbox"/> Single	<input type="checkbox"/> Single	<input type="checkbox"/> Single
<input type="checkbox"/> Parent & Child(ren)	<input type="checkbox"/> Parent & Child(ren)	<input type="checkbox"/> Parent & Child(ren)
<input type="checkbox"/> Employee & Spouse	<input type="checkbox"/> Employee & Spouse	<input type="checkbox"/> Employee & Spouse
<input type="checkbox"/> Family	<input type="checkbox"/> Family	<input type="checkbox"/> Family
<input type="checkbox"/> Medical Spending Account Per Pay Amount:	<input type="checkbox"/> Health Savings Account Per Pay Amount:	<input type="checkbox"/> Health Savings Account Per Pay Amount:

Dental Waive Out

Basic:	Enhanced:
<input type="checkbox"/> Single	<input type="checkbox"/> Single
<input type="checkbox"/> Family	<input type="checkbox"/> Family

Vision Waive Out

<input type="checkbox"/> Single <input type="checkbox"/> Family
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Dependent Care Spending

Per Pay Amount:

Short-Term Disability Insurance Waive Out

<input type="checkbox"/> 24 Week Plan (A)	<input type="checkbox"/> 22 Week Plan (B)
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Additional Life Insurance

<input type="checkbox"/> Employee <input type="checkbox"/> Waive Out	total amount of coverage requested:
<input type="checkbox"/> Spouse <input type="checkbox"/> Waive Out	total amount of coverage requested:
<input type="checkbox"/> Child <input type="checkbox"/> Waive Out	total amount of coverage requested:
Note: If you are electing an amount larger than the guaranteed limits, you must complete New York Life's Evidence of Insurability Form	

Accidental Death & Dismemberment

<input type="checkbox"/> Employee <input type="checkbox"/> Waive Out	total amount of coverage requested:
<input type="checkbox"/> Spouse <input type="checkbox"/> Waive Out	total amount of coverage requested:
<input type="checkbox"/> Child <input type="checkbox"/> Waive Out	total amount of coverage requested:

Vacation Trade In

Total Hours To Trade:

Aflac Supplemental Benefits Waive Out

<input type="checkbox"/> Employee	<input type="checkbox"/> Employee & Child(ren)
<input type="checkbox"/> Employee & Spouse	<input type="checkbox"/> Family

Add Dependents

First Name:		Last Name:			
Birthdate:		SSN:		<input type="checkbox"/> Full-time Student	
Relationship: <input type="checkbox"/> spouse <input type="checkbox"/> child		<input type="checkbox"/> parent <input type="checkbox"/> other		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
				Benefits: <input type="checkbox"/> Medical <input type="checkbox"/> Vision <input type="checkbox"/> Dental	

First Name:		Last Name:			
Birthdate:		SSN:		<input type="checkbox"/> Full-time Student	
Relationship: <input type="checkbox"/> spouse <input type="checkbox"/> child		<input type="checkbox"/> parent <input type="checkbox"/> other		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
				Benefits: <input type="checkbox"/> Medical <input type="checkbox"/> Vision <input type="checkbox"/> Dental	

First Name:		Last Name:			
Birthdate:		SSN:		<input type="checkbox"/> Full-time Student	
Relationship: <input type="checkbox"/> spouse <input type="checkbox"/> child		<input type="checkbox"/> parent <input type="checkbox"/> other		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
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First Name:		Last Name:			
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				Benefits: <input type="checkbox"/> Medical <input type="checkbox"/> Vision <input type="checkbox"/> Dental	

Add Beneficiaries

First Name:		Last Name:			
SSN:					
Relationship: <input type="checkbox"/> spouse <input type="checkbox"/> child		<input type="checkbox"/> parent <input type="checkbox"/> sibling		<input type="checkbox"/> trust <input type="checkbox"/> estate	
				<input type="checkbox"/> charity <input type="checkbox"/> ex-spouse	
Plan: <input type="checkbox"/> Life <input type="checkbox"/> Additional Life		<input type="checkbox"/> AD&D <input type="checkbox"/> Contingent <input type="checkbox"/> Primary		Percent Distribution:	

First Name:		Last Name:			
SSN:					
Relationship: <input type="checkbox"/> spouse <input type="checkbox"/> child		<input type="checkbox"/> parent <input type="checkbox"/> sibling		<input type="checkbox"/> trust <input type="checkbox"/> estate	
				<input type="checkbox"/> charity <input type="checkbox"/> ex-spouse	
Plan: <input type="checkbox"/> Life <input type="checkbox"/> Additional Life		<input type="checkbox"/> AD&D <input type="checkbox"/> Contingent <input type="checkbox"/> Primary		Percent Distribution:	

First Name:		Last Name:			
SSN:					
Relationship: <input type="checkbox"/> spouse <input type="checkbox"/> child		<input type="checkbox"/> parent <input type="checkbox"/> sibling		<input type="checkbox"/> trust <input type="checkbox"/> estate	
				<input type="checkbox"/> charity <input type="checkbox"/> ex-spouse	
Plan: <input type="checkbox"/> Life <input type="checkbox"/> Additional Life		<input type="checkbox"/> AD&D <input type="checkbox"/> Contingent <input type="checkbox"/> Primary		Percent Distribution:	