

For HR Use Only
Med Benefits Date:

Other Benefits Date:

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:	Employe		# :	Phone #:						
Madical DW-in Out	•									
Medical ☐ Waive Out PPO 3000	000	LID	2000	OCDUD 2000						
Election:				QCDHP 3000 Election:						
☐ Single	Election: ☐ Single			☐ Single						
		Child(ren)		☐ Parent & Child(ren)						
☐ Employee & Spouse	☐ Parent & Child(ren) ☐ Employee & Spouse			☐ Employee & Spouse						
☐ Family	, , , ,		эроцоо	☐ Family						
· · · · · · · · · · · · · · · · · · ·		Savings Account		☐ Health Savings Account						
Per Pay Amount:	Per Pay Amount:			Per Pay Amount:						
Dental ☐ Waive Out	Vision [⊐ W	aive Out	Dependent Care Spending						
Basic: Enhanced:	☐ Single			Per Pay Amount:						
☐ Single ☐ Single	☐ Family									
☐ Family ☐ Family										
Short-Term Disability Insurance Waive Out										
☐ 24 Week Plan (A)			☐ 22 Week Plan (B)							
Additional Life Insurance			Accidental Death & Dismemberme							
☐ Employee total amount of co	☐ Employee total amount of coverage		☐ Employee	total amount of coverage						
□ Waive Out requested:			☐ Waive Ou	requested:						
☐ Spouse total amount of coverage			☐ Spouse	total amount of coverage requested: total amount of coverage						
☐ Waive Out requested:			☐ Waive Ou							
☐ Child total amount of coverage			☐ Child							
□ Waive Out requested:		☐ Waive Ou		requested:						
Note: If you are electing an amount larg										
guaranteed limits, you must complete New York Life's Evidence of Insurability Form		Vacation [*]		Frade In						
,			Total Hours To Trade:							
Aflac Supplemental Benefits Waive Out										
□ Employee			Employee & C	child(ren)						
☐ Employee & Spouse			☐ Family							
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Add Dependents

7 10.0. 2 0 0 0 11.								
First Name:		Las	t Name:					
Birthdate:		SSN	ا :		□ Ft	ull-time Stud	lent	
Relationship:	□ spouse I	□ parent	: □ sibling	Gender	:	Female	Benefits:	☐ Medical
	•	□ other	3			Male	☐ Vision	□ Dental
First Name:		Las	t Name:					
Birthdate:		122			П Гі	ull-time Stud	lent	
Relationship:	☐ spouse	□ paren		Gender		Female	Benefits:	☐ Medical
	•	□ other	. — :9			Male	☐ Vision	☐ Dental
First Name:		Las	t Name:					
Birthdate:		SSN			П Бі	ull-time Stud	lent	
Relationship:	☐ spouse	□ paren		Gender		Female	Benefits:	☐ Medical
rtolationomp.	•	□ other	. — ololling	Condo		Male	☐ Vision	☐ Dental
	_ 0					mare		
First Name:		Las	t Name:					
Birthdate:		ISS			П Бі	ull-time Stud	lent	
Relationship:	☐ spouse	□ paren		Gender		Female	Benefits:	☐ Medical
rtolationomp.	•	□ other	. — ololling	Condo		Male	☐ Vision	☐ Dental
	_ 0					maio		
First Name:		Las	t Name:					
Birthdate:		SSN			ПБ	ull-time Stud	lent	
Relationship:	☐ spouse	□ paren		Gender		Female	Benefits:	☐ Medical
rtolationomp.	•	□ other	. — ololling	Condo		Male	☐ Vision	☐ Dental
	_ 0	_ 00.				mare	_	
Add Benefic	ciaries							
First Name:		Las	t Name:					
SSN:								
Relationship:	☐ spouse	□р	arent 🗆 t	rust	Πс	charity	□ other	
	□ child	□s	ibling □ e	estate	□е	ex-spouse		
Plan: □ Li	ife □ AD&D	1	□ Contingen	nt		Percent Dis	stribution:	
□ A	dditional Life		□ Primary					
First Name:		Las	t Name:					
SSN:								
Relationship:	☐ spouse	□ b	arent □ t	rust		charity	□ other	
	□ child	s	sibling 🗆 e	estate		ex-spouse		
Plan: □ L	ife □ AD&D)	□ Contingen	nt		Percent Dis	stribution:	
□ A	dditional Life		□ Primary					
First Name:		Las	t Name:					
SSN:								
Relationship:	☐ spouse	•		rust		charity	□ other	
	□ child			estate		ex-spouse		
Plan: □ L)	□ Continger	nt		Percent Dis	stribution:	
I □ A	dditional Life		□ Primary					