

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:	Employ	ee #:		Phone #:						
Medical □ Waive Out										
PPO 3000	QCDHP 2000			QCDHP 3000						
Election:	Election:			Election:						
☐ Single	☐ Single			☐ Single						
☐ Parent & Child(ren)	☐ Parent & Child(ren)			☐ Parent & Child(ren)						
☐ Employee & Spouse	☐ Employee & Spouse			☐ Employee & Spouse						
☐ Family	□ Family			☐ Family						
☐ Medical Spending Account	☐ Health Savings Account			☐ Health Savings Account						
Per Pay Amount:	Per Pay Amount:			Per Pay Amount:						
Dental □ Waive Out Basic: Enhanced: □ Single □ Single	Vision ☐ Waive Out ☐ Single ☐ Family			Dependent Care Spending Per Pay Amount:						
☐ Family ☐ Family										
Short-Term Disability Insurance ☐ Waive Out ☐ 24 Week Plan (A) ☐ 22 Week Plan (B)										
Additional Life Insurance				al Death & Dismemberment						
☐ Employee total amount of co	verage	☐ Emp	•							
☐ Waive Out requested:☐ Spouse total amount of contract	vorogo	□ Waiv		requested:						
☐ Spouse total amount of co☐ Waive Out requested:	verage	□ Waiv		total amount of coverage requested:						
☐ Child total amount of co	verage	□ Child		total amount of coverage						
□ Waive Out requested:	□ Waiv									
Note: If you are electing an amount larg guaranteed limits, you must complete N Evidence of Insurability Form	-	Vacation Trade In Total Hours To Trade:								
Prudential Supplemental B	Benefits [⊒ Waive Out								
☐ Employee & Spouse		☐ Family	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \							

Add Dependents

7 10.0. 2 0 0 0 11.										
First Name:		Las	t Name:							
Birthdate:		SSN:			☐ Full-time Student					
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	_ 00.				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	t Pe		Percent Distribution:				
□ 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							