

## 2025-2026 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
<b>Election:</b>	<b>Election:</b>	<b>Election:</b>
<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"/> <b>Medical Spending Account</b>	<input type="checkbox"/> <b>Health Savings Account</b>	<input type="checkbox"/> <b>Health Savings Account</b>
Per Pay Amount:	Per Pay Amount:	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

### 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 style="color: red;" type="checkbox"/> Waive Out	total amount of coverage requested:
<input type="checkbox"/> Spouse <input style="color: red;" type="checkbox"/> Waive Out	total amount of coverage requested:
<input type="checkbox"/> Child <input style="color: red;" 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 style="color: red;" type="checkbox"/> Waive Out	total amount of coverage requested:
<input type="checkbox"/> Spouse <input style="color: red;" type="checkbox"/> Waive Out	total amount of coverage requested:
<input type="checkbox"/> Child <input style="color: red;" type="checkbox"/> Waive Out	total amount of coverage requested:

### Vacation Trade In

Total Hours To Trade:

### Prudential 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	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	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 <input type="checkbox"/> other
Plan:	<input type="checkbox"/> Life <input type="checkbox"/> AD&D <input type="checkbox"/> Additional Life	<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 <input type="checkbox"/> other
Plan:	<input type="checkbox"/> Life <input type="checkbox"/> AD&D <input type="checkbox"/> Additional Life	<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 <input type="checkbox"/> other
Plan:	<input type="checkbox"/> Life <input type="checkbox"/> AD&D <input type="checkbox"/> Additional Life	<input type="checkbox"/> Contingent <input type="checkbox"/> Primary		Percent Distribution: