

For HR Use Only
Med Benefits Date:
Other Benefits Date:

## **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:	Employ	ee #:	Phone #:							
Medical □ Waive Out										
PPO 3000	QCD	HP 2000	QCDHP 3000							
Election:		ection:	Election:							
☐ Single	☐ Single		☐ Single							
☐ Parent & Child(ren)	☐ Parent & Child(ren)		Parent & Child(ren)							
☐ Employee & Spouse	☐ Employee & Spouse		☐ Employee & Spouse							
☐ Family	☐ Family		□ Family							
☐ <b>Medical Spending Account</b> Per Pay Amount:	☐ <b>Health Sa</b> Per Pay Amo	avings Account ount:	☐ <b>Health Savings Account</b> Per Pay Amount:							
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<b>Dental</b> ☐ Waive Out	Vision [	☐ Waive Out	<b>Dependent Care Spending</b>							
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 & Dismemberment								
☐ Employee  total amount of co	verage	☐ Employe								
□ Waive Out   requested:		☐ Waive O	·							
☐ Spouse total amount of co	verage	☐ Spouse	total amount of coverage							
□ Waive Out requested:		☐ Waive O	•							
☐ Child total amount of co	verage	☐ Child	total amount of coverage							
☐ Waive Out   requested:  Note: If you are electing an amount larg	or than the	☐ Waive O	ut requested:							
guaranteed limits, you must complete N										
Evidence of Insurability Form		Vacation Trade In								
		Total Hours To Trade:								
Prudential Supplemental Benefits    Waive Out										
□ Employee	☐ Employee & Child(ren)									
☐ Employee & Spouse		☐ Family	□ Family							

**Add Dependents** 

First Name:		Last I	Name:						
Birthdate:		SSN:			☐ Full-time Student				
Relationship:	□ spouse [	⊐ parent	☐ sibling	Gender		Female	Benefits:	☐ Medical	
· '	•	⊐ other	9			Male	☐ Vision	□ Dental	
First Name:		Last	Name:						
Birthdate:		SSN:	10		□ Fı	ull-time Stud	lent		
Relationship:	☐ spouse I	□ parent	□ sibling	Gender		Female	Benefits:	☐ Medical	
	•	□ other				Male	☐ Vision	☐ Dental	
				ı					
First Name:		Last	Name:						
Birthdate:		SSN:			□ Fı	ull-time Stud	lent		
Relationship:	☐ spouse I	□ parent	□ sibling	Gender		Female	Benefits:	☐ Medical	
r to later former	•	□ other	_ 59	Joingo		Male	☐ Vision	☐ Dental	
First Name:		Last	Name:						
Birthdate:		SSN:	10		□ Fu	ull-time Stud	lent		
Relationship:	☐ spouse I	□ parent	□ sibling	Gender		Female	Benefits:	☐ Medical	
	-	□ other				Male	☐ Vision	☐ Dental	
				ļ.					
First Name:		Last	Name:						
Birthdate:		SSN:			□ Fu	ull-time Stud	lent		
Relationship:	☐ spouse I	□ parent	□ sibling	Gender		Female	Benefits:	☐ Medical	
'	•	□ other	J			Male	☐ Vision	□ Dental	
Add Donofi	alawia a								
Add Benefic	ciaries								
First Name:		Last	Name:						
SSN:				4		ala a uita r	□ a4b a n		
Relationship:	☐ spouse	□ pa		rust		charity	□ other		
Plan: □ L	□ child ife □ AD&D	□ sib		estate	ше	ex-spouse Percent Dis	stribution:		
	dditional Life		☐ Contingen ☐ Primary	ıı		Percent Dis	stribution.		
	dullional Life	L	1 Filliary						
Circt Name		Loot	Mamai						
First Name: SSN:		Last	Name:						
Relationship:	Перопео		ront □ t	rust		sharity.	□ other		
Relationship.	□ spouse □ child	□ pa □ sik		estate		charity ex-spouse			
Plan: □ L			☐ Contingen		<u> </u>	Percent Dis	stribution:		
	dditional Life		⊒ Contingen ⊒ Primary	ıı		reicent Dis	stributiori.		
	aditional Life		1 milary						
First Name:		Last	Name:						
SSN:		Lasi	Name.						
Relationship:	☐ spouse	□ ра	rent □ t	rust		charity	□ other		
ι (σιατιστίστης.	☐ spouse ☐ child	□ pa		estate		ex-spouse			
Plan: □ L			☐ Contingen			Percent Dis	stribution:		
	dditional Life		⊒ Primary			. 5.55.16 216			