

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:	Employee	#:		Phone #:				
Medical ☐ Waive Out Coverage Level Election: ☐ Single ☐ Parent & Child(ren) ☐ Employee & Spouse ☐ Family ☐ Medical Spending Account Per Pay Amount:	□ Health Savir Per Pay Amoun	_	nt					
Dental ☐ Waive Out		√aive Out		Dependent Care Spending				
Basic: Enhanced: ☐ Single ☐ Single	☐ Single ☐ Family			Per Pay Amount:				
☐ 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	□ Employ		total amount of coverage				
☐ Waive Out requested:		☐ Waive		requested:				
☐ Spouse total amount of co☐ Waive Out requested:	verage	☐ Spouse ☐ Waive		total amount of coverage requested:				
☐ Child total amount of co	verage	□ Child	Out	total amount of coverage				
□ Waive Out requested:		□ Waive	Out	requested:				
Note: If you are electing an amount large guaranteed limits, you must complete N Evidence of Insurability Form		Vacation Trade In Total Hours To Trade:						
Prudential Supplemental B	enefits □ W	/aive Out						
☐ Employee		Employee &	& Ch	ild(ren)				
☐ Employee & Spouse		Family						

Add Dependents

First Name:		Last Name:									
Birthdate:		SSN:				☐ Full-time Student					
Relationship:	□ spouse □ child	□ pa	arent ther	□ sibling	Gende		⊐ Female ⊐ Male	Benefits: ☐ Vision	☐ Medical☐ Dental		
First Name:			Last N	Name:							
Birthdate:			SSN:	varrio.		П	Full-time Stud	ull-time Student			
Relationship:	□ spouse	□ p	arent	☐ sibling	Gende		□ Female	Benefits:	☐ Medical		
	□ child	•	ther				⊐ Male	☐ Vision	□ Dental		
First Name:			Last N	Name:							
Birthdate:		SSN:				Full-time Stuc	ull-time Student				
Relationship:	☐ spouse	□р	arent	☐ sibling	Gende	er: [⊐ Female	Benefits:	☐ Medical		
	□ child	Оο	ther				⊐ Male	☐ Vision	□ Dental		
First Name:				Name:							
Birthdate:		SSN:					ull-time Student				
Relationship:	☐ spouse		arent	□ sibling	Gende		□ Female	Benefits:	☐ Medical		
	□ child	Цο	ther			L	□ Male	☐ Vision	☐ Dental		
First Name:	Last Name:										
Birthdate:			SSN:	O- C	0 1 -		Full-time Stud		□ Ma dia al		
Relationship:	□ spouse □ child	•	arent ther	□ sibling	Gende		⊐ Female ⊐ Male	Benefits: ☐ Vision	☐ Medical☐ Dental		
	LI CIIIIC		uici				_ Iviale	LI VISIOII	L Dentai		
Add Benefi	ciaries										
First Name:			Last N	Name:							
SSN:											
Relationship:	☐ spouse)	□ pai		trust		charity	□ other			
	□ child		□ sib		estate		ex-spouse				
	Plan: ☐ Life ☐ AD&D			☐ Contingent			Percent Distribution:				
ЦΑ	dditional Life		L] Primary							
Elect Nieuw			1 ()	1							
First Name: SSN:			Last	Name:							
Relationship:	Пероце		□ pa	ront \square	trust		charity	□ other			
Relationship.	☐ spouse ☐ child	-	□ pa		estate		ex-spouse				
Plan: □ L		D		Continge			Percent Dis	stribution:			
	dditional Life			□ Primary							
							•				
First Name:			Last N	Name:							
SSN:											
Relationship:	☐ spouse	9	□ ра	rent \square	trust		charity	☐ other			
	□ child		□ sib		estate		ex-spouse				
Plan: □ L		D		Continge	nt		Percent Dis	stribution:			
☐ Additional Life ☐ Primary											