

PLEASE WRITE IN ALL CAPITAL LETTERS

SECTION 1: EMPLOYEE INFORMATION

Form section for employee information including Last Name, First Name, MI, SS#, Address, Home Phone/Cellphone, Email Address, Annual Salary, Work Location, Birth Date, Employee ID #, and Enrollment Status.

SECTION 2:

Form section for benefit selection including Waive Medical/Dental/Vision, Medical/Dental/Vision plan rates, and Dependents Only section.

SECTION 3: EMPLOYEE & DEPENDENT INFORMATION

Table for listing dependents with columns for Relationship, M/F/N, Last Name/First Name, Social Security Number, Coverage Desired, and Check One.

SECTION 4: FLEXIBLE SPENDING ACCOUNTS\* YOU MUST COMPLETE THIS SECTION IF YOU WISH TO PARTICIPATE IN EITHER OR BOTH SPENDING ACCOUNTS FOR 2024.

Form section for Flexible Spending Accounts with options for Healthcare and Dependent Care Spending Accounts.

SECTION 5: POST-TAX PRODUCTS

Form section for Post-Tax Products including ARAG Legal, Group Hospital Indemnity, Group Accident Coverage, Group Critical Illness, Ocenture ID Commander, Ocenture ConstantCredit, Pet Assure, and Health Consumer/Fertility & Family Planning.

SECTION 6: DISABILITY INCOME PROTECTION\* (Employee Coverage Only)

Form section for Disability Income Protection with questions about coverage for 2024 and eligibility requirements.

IMPORTANT information and terms and conditions regarding the benefit selection process, including coverage rules and documentation requirements.

Signature and Date lines for the employee.