

## Benefits Enrollment Form

*All employee contributions applicable to the benefits elected below will be withheld pre-tax, semi-monthly (unless otherwise noted).*

<b>Employee Last Name:</b>	<b>Employee First Name :</b>
<b>Address:</b>	<b>City, State ZIP:</b>
<b>Employee SSN:</b>	<b>Employee Birthdate (MM/DD/YYYY):</b>
<b>Employee Gender:</b> <b>Male</b> <b>Female</b>	<b>Employee Marital Status:</b> <b>Single</b> <b>Married</b>

### Health & Pharmacy *(effective date is date of hire/eligibility)*



**Plan Choice:**      BLUE Traditional Plan (#141)      ORANGE High Deductible Health Plan (#140)      Waive Coverage (#149)  
*(affordable monthly cost, low out of pocket cost)*      *(very low monthly cost; higher out of pocket cost)*      *(no cost)*

**Level of Coverage:**      Employee Only      Employee + 1 Family Member      Employee + 2 or More Family Members

### Dental *(effective date is date of hire/eligibility)*



**Plan Choice:**      Basic Dental Plan (#125)      Dental Plan w/ Ortho Coverage for Dep <age 19 (#125)      Waive Coverage (#129)

**Level of Coverage:**      Employee Only      Employee + 1 Family Member      Employee + 2 or More Family Members

If new, please provide previous dental provider and policy # if you wish to waive waiting period for Class III & IV Services):

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### Vision *(effective date is the first of the month following date of hire/eligibility)*



**Plan Choice:**      Insight Vision Plan (#126)      Waive Coverage (#116)

**Level of Coverage:**      Employee Only      Employee + 1 Family Member      Employee + 2 or More Family Members

**Health, Dental, & Vision Plan Family Members.** Be sure to check the appropriate boxes for the coverages you elect for your dependents; you may add any additional dependents on another form if needed.

	First Name	Last Name	SSN	Date of Birth	M/F	Relationship	Health & Pharmacy	Dental	Vision
Spouse*									
Dep-1									
Dep-2									
Dep-3									
Dep-4									
Dep-5									
Dep-6									
Dep-7									

\*Spouse's Employment Status and Employer Information (if applicable): (#124)

<input type="checkbox"/>	Not Employed ( <i>surcharge does not apply</i> )
<input type="checkbox"/>	Employed but no health benefits available through employer ( <i>surcharge does not apply</i> )
<input type="checkbox"/>	Self Employed with no health benefits available to any employees including self ( <i>surcharge does not apply</i> )
<input type="checkbox"/>	Employed with primary coverage through employer ( <i>surcharge does not apply</i> )
<input type="checkbox"/>	Spouse employed at Hope College ( <i>surcharge does not apply</i> )
<input type="checkbox"/>	Employed with health benefits available but not elected ( <i>surcharge applies</i> )

Spouse's Employer's Name	Address	Phone Number

**FSA/HSA Tax Savings Accounts (pre-tax):** FSA account benefit dates are July 1 (or date of hire/eligibility, if later) – June 30 each benefit year. All FSA Accounts annual elections will be split and deducted from all pays (24 or those remaining) in benefit year following enrollment. PNC Bank will email you additional enrollment instructions to complete your account setup.

<b>Decline to Participate</b>	<b>Flexible Medical Account</b> <i>(Must be enrolled in Traditional Medical Plan ~ BLUE)</i> (\$2850 Benefit Year Max.)  <b>ANNUAL Amount:</b> _____	<b>Health Savings Account</b> <i>(Must be enrolled in HDHP Medical Plan ~ ORANGE)</i> (\$3850*/Single or \$7750*Dbf/Fam Calendar Year Max.) <small>*If 55 or older, +1,000 catchup allowed</small> <b>PER PAY Amount:</b> _____	<b>Limited Purpose Dental &amp; Vision Flexible Account</b> <i>(Must be enrolled in HSA)</i> (\$2850 Benefit Year Max.)  <b>ANNUAL Amount:</b> _____	<b>Flexible Dependent Care Account</b> <i>(No criteria to enroll; all eligible)</i> (\$5000 Benefit Year Max.)  <b>ANNUAL Amount:</b> _____
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HR USE: #139

#130

#510

#131

#135

# Life/Accidental Death & Dismemberment & Long Term Disability Insurance



Life's brighter under the sun

Effective date is date of hire/eligibility. NOTE: This benefit is not available to visiting faculty, RD, or RLC employees.

The College provides, at no cost, Basic Life Insurance equal to one and a half times annual base salary as well as Basic LTD Insurance of 60% monthly benefit (up to plan maximums) through **The Lincoln National Life Insurance Company**. Please provide **Beneficiary Designation** below which will apply to your Life and Accident coverages, including supplemental if elected below.

	Name (Last, First, MI)	Relationship	% of Benefit
<b>Primary Beneficiary - 1</b>			
<b>Primary Beneficiary - 2</b>			
<b>Contingent Beneficiary - 1</b>			
<b>Contingent Beneficiary - 2</b>			

## Optional Employee Supplemental Life Insurance (after-tax) (#621 and #627)

No Additional Coverage                      1x    2x    3x    4x    5x    6x    7x

Coverage is offered at above factors of your base salary and will be rounded to the next higher 10,000. You must provide evidence of insurability for coverage above \$200,000. Click [here](#) to complete EOI and submit directly to insurance company for review.

## Optional Dependent Supplemental Life Insurance (after-tax)

No Additional Coverage                      \$ \_\_\_\_\_ Coverage for Spouse\*                      \$10,000 Child Rider (for all dependent children under 19)

\*Spouse coverage is available from \$10,000-\$250,000 in \$10,000 increments, not to exceed 50% of the value of the level of Supplemental Life Insurance elected for employee. Evidence of Insurability is required for coverage above \$50,000. Click [here](#) to complete EOI and submit directly to insurance company for review.

## Optional Employee Supplemental LTD insurance (after-tax) (#628)

No Additional Coverage                      Buy-Up (+10% monthly benefit up to plan maximums)

HR USE: #160, #185, #195, #210 if eligible. #621 & #627 if Optional Life. #628 if Optional LTD

## Retirement INVEST 403(b) Plan (Eligible for 1) voluntary contributions date of hire 2) 10.5% college contribution 1st of month after 1 year service)



To setup your account and elect voluntary contributions, sign in as "new user" at [hopecollege.trsretire.com](http://hopecollege.trsretire.com) once your employee information is processed (normally 7-14 days from submitting this enrollment form).

**NOTE: A PERSON MAY BE COMMITTING INSURANCE FRAUD, IF HE OR SHE SUBMITS AN APPLICATION OR CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT WITH INTENT TO DEFRAUD (OR KNOWING THAT HE OR SHE IS HELPING TO DEFRAUD) AN INSURANCE COMPANY.**

<b>Employee Signature:</b>	<b>Date:</b>
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HR USE: Effective/Change Date: \_\_\_/\_\_\_/\_\_\_ Change Reason: New Hire    Open Enrollment    Special Enrollment    DOH: \_\_\_/\_\_\_/\_\_\_ Annual Salary: \$ \_\_\_\_\_ HRS/FTE: \_\_\_\_\_

PDAHIOC    PDAEDDN    PDABCOV    EMVP-H    CM    EMVP-D    EM    PNC    LIFE/LTD

RETIREMENT: NEW HIRE =1 Yr Svc then 1st of following month    REHIRE = DOH    CURRENT: 1000Hrs Before 1st Anniv eligible 1st Mth Following    CURRENT: >12Mths& will work 1000Hrs in C/Y eligible following 1/1