



Benefits Election and Change Form for 2025 Benefits

Page references refer to pages in the 2025 Benefits Guide.

Employee Social Security Number	Employee Name (Last, First, MI)	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone Number																																				
Home Address	City, State, ZIP	Date of Hire	Email Address																																					
Florida Blue Medical Benefits, pages 10-13		Prudential Supplemental Health Benefits, pages 15-17																																						
Bi-Weekly Deduction <table border="0"><tr><td></td><td>3748 Plan</td><td>3769 Plan</td></tr><tr><td>EE Only</td><td><input type="checkbox"/> \$23.18</td><td><input type="checkbox"/> \$0.00</td></tr><tr><td>EE + Spouse</td><td><input type="checkbox"/> \$53.92</td><td><input type="checkbox"/> \$24.30</td></tr><tr><td>EE + Child(ren)</td><td><input type="checkbox"/> \$50.16</td><td><input type="checkbox"/> \$20.59</td></tr><tr><td>EE + Family</td><td><input type="checkbox"/> \$77.14</td><td><input type="checkbox"/> \$51.66</td></tr><tr><td colspan="3"><input type="checkbox"/> Waive</td></tr></table>			3748 Plan	3769 Plan	EE Only	<input type="checkbox"/> \$23.18	<input type="checkbox"/> \$0.00	EE + Spouse	<input type="checkbox"/> \$53.92	<input type="checkbox"/> \$24.30	EE + Child(ren)	<input type="checkbox"/> \$50.16	<input type="checkbox"/> \$20.59	EE + Family	<input type="checkbox"/> \$77.14	<input type="checkbox"/> \$51.66	<input type="checkbox"/> Waive			Accident <input type="checkbox"/> Enroll High Plan <input type="checkbox"/> Enroll Low Plan <input type="checkbox"/> Decline Critical Illness <input type="checkbox"/> Enroll High Plan <input type="checkbox"/> Enroll Low Plan <input type="checkbox"/> Decline Hospital Indemnity <input type="checkbox"/> Enroll High Plan <input type="checkbox"/> Enroll Low Plan <input type="checkbox"/> Decline	Bi-Weekly Deduction <input type="checkbox"/> EE Only \$4.86 <input type="checkbox"/> EE+SP \$9.06 <input type="checkbox"/> EE+Child(ren) \$10.46 <input type="checkbox"/> EE+Family \$15.64 <input type="checkbox"/> EE Only \$2.79 <input type="checkbox"/> EE+SP \$3.95 <input type="checkbox"/> EE+Child(ren) \$4.36 <input type="checkbox"/> EE+Family \$6.08 Benefit Options Employee \$30,000, Spouse \$15,000, Child \$15,000 Employee \$15,000, Spouse \$7,500, Child \$7,500 <div>See page 16 in the Benefits Guide for the contribution rates.</div> Bi-Weekly Deduction <input type="checkbox"/> EE Only \$10.07 <input type="checkbox"/> EE+SP \$22.02 <input type="checkbox"/> EE+Child(ren) \$16.61 <input type="checkbox"/> EE+Family \$28.56 <input type="checkbox"/> EE Only \$5.27 <input type="checkbox"/> EE+SP \$11.51 <input type="checkbox"/> EE+Child(ren) \$8.94 <input type="checkbox"/> EE+Family \$15.18																			
	3748 Plan	3769 Plan																																						
EE Only	<input type="checkbox"/> \$23.18	<input type="checkbox"/> \$0.00																																						
EE + Spouse	<input type="checkbox"/> \$53.92	<input type="checkbox"/> \$24.30																																						
EE + Child(ren)	<input type="checkbox"/> \$50.16	<input type="checkbox"/> \$20.59																																						
EE + Family	<input type="checkbox"/> \$77.14	<input type="checkbox"/> \$51.66																																						
<input type="checkbox"/> Waive																																								
HealthEquity Flexible Spending Accounts, pages 18-19		Delta Dental Plan, pages 22-24		EyeMed Vision Care Plan, pages 25-26																																				
<input type="checkbox"/> Healthcare Spending Account (max: \$3,300/year) \$ _____ <input type="checkbox"/> Dependent Care Account (max: \$5,000/year) \$ _____ Elect an amount to contribute payroll-tax-free and use the money to pay eligible health care expenses for tax dependents or daycare expenses for dependent child(ren) under age 13 or a tax-dependent adult.		Bi-Weekly Deduction <table border="0"><thead><tr><th></th><th>High DPPO</th><th>Low DPPO</th></tr></thead><tbody><tr><td>EE Only</td><td><input type="checkbox"/> \$2.88</td><td><input type="checkbox"/> \$1.47</td></tr><tr><td>EE+SP</td><td><input type="checkbox"/> \$8.31</td><td><input type="checkbox"/> \$2.54</td></tr><tr><td>EE+Child(ren)</td><td><input type="checkbox"/> \$6.92</td><td><input type="checkbox"/> \$2.71</td></tr><tr><td>EE+Family</td><td><input type="checkbox"/> \$10.85</td><td><input type="checkbox"/> \$4.08</td></tr><tr><td colspan="3"><input type="checkbox"/> Waive Coverage</td></tr></tbody></table>			High DPPO	Low DPPO	EE Only	<input type="checkbox"/> \$2.88	<input type="checkbox"/> \$1.47	EE+SP	<input type="checkbox"/> \$8.31	<input type="checkbox"/> \$2.54	EE+Child(ren)	<input type="checkbox"/> \$6.92	<input type="checkbox"/> \$2.71	EE+Family	<input type="checkbox"/> \$10.85	<input type="checkbox"/> \$4.08	<input type="checkbox"/> Waive Coverage			Bi-Weekly Deduction <table border="0"><tr><td>EE Only</td><td><input type="checkbox"/> \$1.38</td></tr><tr><td>EE+SP</td><td><input type="checkbox"/> \$3.12</td></tr><tr><td>EE+Child(ren)</td><td><input type="checkbox"/> \$3.23</td></tr><tr><td>EE+Family</td><td><input type="checkbox"/> \$4.62</td></tr><tr><td colspan="2"><input type="checkbox"/> Waive Coverage</td></tr></table>	EE Only	<input type="checkbox"/> \$1.38	EE+SP	<input type="checkbox"/> \$3.12	EE+Child(ren)	<input type="checkbox"/> \$3.23	EE+Family	<input type="checkbox"/> \$4.62	<input type="checkbox"/> Waive Coverage									
	High DPPO	Low DPPO																																						
EE Only	<input type="checkbox"/> \$2.88	<input type="checkbox"/> \$1.47																																						
EE+SP	<input type="checkbox"/> \$8.31	<input type="checkbox"/> \$2.54																																						
EE+Child(ren)	<input type="checkbox"/> \$6.92	<input type="checkbox"/> \$2.71																																						
EE+Family	<input type="checkbox"/> \$10.85	<input type="checkbox"/> \$4.08																																						
<input type="checkbox"/> Waive Coverage																																								
EE Only	<input type="checkbox"/> \$1.38																																							
EE+SP	<input type="checkbox"/> \$3.12																																							
EE+Child(ren)	<input type="checkbox"/> \$3.23																																							
EE+Family	<input type="checkbox"/> \$4.62																																							
<input type="checkbox"/> Waive Coverage																																								
New York Life Basic/AD&D and Voluntary Life/AD&D, pages 27-28				Unum Whole Life and Long-Term Care Insurance, page 29																																				
<p>Employee* – Elect up to \$500,000 in \$10,000 increments; up to \$200,000 without proof of good health during this year's Open Enrollment only. Election amount: \$ _____ or <input type="checkbox"/> Waive</p> <p>Spouse – Up to 100% of the employee elected amount in \$5,000 increments, not to exceed \$500,000; up to \$40,000 without proof of good health. Election amount: \$ _____ or <input type="checkbox"/> Waive</p> <p>Child – Birth to 6 months: \$1,000; 6 months to age 26: in \$2,500 increments up to \$10,000. Elect in \$2,500 increments or <input type="checkbox"/> Waive</p> <table border="0"><tr><td><input type="checkbox"/> \$2,500</td><td><input type="checkbox"/> \$7,500</td></tr><tr><td><input type="checkbox"/> \$5,000</td><td><input type="checkbox"/> \$10,000</td></tr></table> <p>You must elect coverage for yourself to add coverage for dependents.</p> <p>*Be sure to add at least one beneficiary.</p>				<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$7,500	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	<table border="1"><thead><tr><th colspan="4">Voluntary Life/AD&D Monthly Rates (per \$1,000), includes \$0.03 for AD&D coverage (Spouse premium is based on employee age)</th></tr><tr><th>Employee Age</th><th colspan="3">Separate Rates Are the Same for Employee and Spouse</th></tr></thead><tbody><tr><td><input type="checkbox"/> Under age 30</td><td>\$0.12</td><td><input type="checkbox"/> 50-54</td><td>\$0.50</td></tr><tr><td><input type="checkbox"/> 30-34</td><td>\$0.12</td><td><input type="checkbox"/> 55-59</td><td>\$0.83</td></tr><tr><td><input type="checkbox"/> 35-39</td><td>\$0.15</td><td><input type="checkbox"/> 60-64</td><td>\$1.33</td></tr><tr><td><input type="checkbox"/> 40-44</td><td>\$0.22</td><td><input type="checkbox"/> 65-69</td><td>\$2.13</td></tr><tr><td><input type="checkbox"/> 45-49</td><td>\$0.34</td><td><input type="checkbox"/> 70+</td><td>\$3.43</td></tr><tr><td colspan="4">Child: \$1.73 (for \$10,000)</td></tr></tbody></table> <p>This benefit is only available during Open Enrollment and cannot be elected on Oracle. To enroll, call 866-752-7432 between 8am and 8 pm ET during Unum's enrollment period, between October 28 and November 8, 2023.</p>	Voluntary Life/AD&D Monthly Rates (per \$1,000), includes \$0.03 for AD&D coverage (Spouse premium is based on employee age)				Employee Age	Separate Rates Are the Same for Employee and Spouse			<input type="checkbox"/> Under age 30	\$0.12	<input type="checkbox"/> 50-54	\$0.50	<input type="checkbox"/> 30-34	\$0.12	<input type="checkbox"/> 55-59	\$0.83	<input type="checkbox"/> 35-39	\$0.15	<input type="checkbox"/> 60-64	\$1.33	<input type="checkbox"/> 40-44	\$0.22	<input type="checkbox"/> 65-69	\$2.13	<input type="checkbox"/> 45-49	\$0.34	<input type="checkbox"/> 70+	\$3.43	Child: \$1.73 (for \$10,000)			
<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$7,500																																							
<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000																																							
Voluntary Life/AD&D Monthly Rates (per \$1,000), includes \$0.03 for AD&D coverage (Spouse premium is based on employee age)																																								
Employee Age	Separate Rates Are the Same for Employee and Spouse																																							
<input type="checkbox"/> Under age 30	\$0.12	<input type="checkbox"/> 50-54	\$0.50																																					
<input type="checkbox"/> 30-34	\$0.12	<input type="checkbox"/> 55-59	\$0.83																																					
<input type="checkbox"/> 35-39	\$0.15	<input type="checkbox"/> 60-64	\$1.33																																					
<input type="checkbox"/> 40-44	\$0.22	<input type="checkbox"/> 65-69	\$2.13																																					
<input type="checkbox"/> 45-49	\$0.34	<input type="checkbox"/> 70+	\$3.43																																					
Child: \$1.73 (for \$10,000)																																								



Benefits Election and Change Form for 2025 Benefits

Page references refer to pages in the 2025 Benefits Guide.

Add Beneficiaries for Life Insurance Elections				
Beneficiary Name (First, Middle Initial, Last Name)		Relationship	Social Security No./Date of Birth	% of Benefit (must total 100%)
<input type="checkbox"/> Primary or <input type="checkbox"/> Contingent	First/Middle _____ Last: _____		SS# _____ DOB _____	_____% Basic Life/AD&D _____% Voluntary Life/AD&D
<input type="checkbox"/> Primary or <input type="checkbox"/> Contingent	First/Middle _____ Last: _____		SS# _____ DOB _____	_____% Basic Life/AD&D _____% Voluntary Life/AD&D
Legal Shield Election, page 28		Pet Insurance, page 29		Other Benefits, page 30
Bi-Weekly Deduction <input type="checkbox"/> Legal Shield <input type="checkbox"/> Employee/Family \$8.75 <input type="checkbox"/> Waive <input type="checkbox"/> IDShield <input type="checkbox"/> Employee \$4.13 <input type="checkbox"/> Family \$8.75 <input type="checkbox"/> Waive <input type="checkbox"/> Legal Shield + IDShield <input type="checkbox"/> Employee \$12.88 <input type="checkbox"/> Family \$15.65 <input type="checkbox"/> Waive		Visit www.metlife.com/getpetquote or call 800-438-6388 .		Homeowners and Auto Insurance Call 800-438-6388 to compare coverage and cost with your current policies and for a quote. iThink Credit Union Free checking/low-cost loans and more. Call 800-873-5100 .

List the Dependents to Add to Your Coverage (see page 7 for Eligibility Requirements)										
Name (First, Middle initial, Last)	Relationship	Social Security Number	Date of Birth mm/dd/year	Gender M/F	Handicapped Y/N	Student Y/N	Coverage Y/N			
							Medical Y/N	Dental Y/N	Vision Y/N	Voluntary Life/AD&D

By enrolling in the above benefits, I understand that I must make all applicable employee contributions pursuant to required payroll deductions. It is further understood that to keep my benefits in place, I must continue to make all employee contributions while on a leave or not receiving company earnings for any reason.

Employee Signature: _____ Print Name: _____ Date: _____

If you have questions, contact your HR Manager or email the Benefits Team at

benefits@mapei.com.

OE1023