



# 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																																				
<b>Florida Blue Medical Benefits, pages 10-14</b>				<b>Prudential Supplemental Health Benefits, pages 15-17</b>																																						
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<b>HealthEquity Flexible Spending Accounts, pages 18-19</b>				<b>Delta Dental Plan, pages 22-24</b>		<b>EyeMed Vision Care Plan, pages 25-26</b>																																				
<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.				<b>Bi-Weekly Deduction</b> <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"/> \$2.58</td><td><input type="checkbox"/> \$1.47</td></tr><tr><td>EE+SP</td><td><input type="checkbox"/> \$6.46</td><td><input type="checkbox"/> \$2.54</td></tr><tr><td>EE+Child(ren)</td><td><input type="checkbox"/> \$6.23</td><td><input type="checkbox"/> \$2.71</td></tr><tr><td>EE+Family</td><td><input type="checkbox"/> \$9.23</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"/> \$2.58	<input type="checkbox"/> \$1.47	EE+SP	<input type="checkbox"/> \$6.46	<input type="checkbox"/> \$2.54	EE+Child(ren)	<input type="checkbox"/> \$6.23	<input type="checkbox"/> \$2.71	EE+Family	<input type="checkbox"/> \$9.23	<input type="checkbox"/> \$4.08	<input type="checkbox"/> Waive Coverage			<b>Bi-Weekly Deduction</b> EE Only <input type="checkbox"/> \$1.38 EE+SP <input type="checkbox"/> \$2.77 EE+Child(ren) <input type="checkbox"/> \$2.31 EE+Family <input type="checkbox"/> \$4.15  <input type="checkbox"/> Waive Coverage																		
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<b>New York Life Basic/AD&amp;D and Voluntary Life/AD&amp;D, pages 27-28</b>					<b>Unum Whole Life and Long-Term Care Insurance, page 29</b>																																					
<p><b>Employee*</b> – 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><b>Spouse</b> – 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><b>Child</b> – 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. <b>*Be sure to add at least one beneficiary.</b></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&amp;D Monthly Rates (per \$1,000) includes \$0.03 for AD&amp;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>To enroll, call 866-752-7432 between 8am and 8 pm ET during Unum's enrollment period, <b>between October 28 and November 8, 2023.</b></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)			
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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 31	Pet Insurance, page 32	Other Benefits, page 32-33
<b>Bi-Weekly Deduction</b> <input type="checkbox"/> <b>Legal Shield</b> <input type="checkbox"/> Employee/Family \$8.75 <input type="checkbox"/> <b>IDShield</b> <input type="checkbox"/> Employee \$4.13 <input type="checkbox"/> Family \$8.75 <input type="checkbox"/> <b>Legal Shield + IDShield</b> <input type="checkbox"/> Employee \$12.88 <input type="checkbox"/> Family \$15.65	Visit <a href="http://www.metlife.com/getpetquote">www.metlife.com/getpetquote</a> or call <b>800-438-6388</b>	<b>Homeowners and Auto Insurance</b> Call <b>800-438-6388</b> to compare coverage and cost with your current policies and for a quote. <b>iThink Credit Union</b> Free checking/low-cost loans and more. Call <b>800-873-5100</b>

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.