



Employee Name \_\_\_\_\_

## Medical Insurance

### NOTES

### QUESTIONS / RESEARCH / ACTION ITEMS

### DECISION

If enrolling a Spouse/Domestic Partner or Child(ren) you will need:

- Legal Name – name as listed on the Social Security Card
- Social Security Number
- Date of Birth

## Health Savings Account (HSA)

### NOTES



## QUESTIONS / RESEARCH / ACTION ITEMS

Determine how much you want to contribute to the HSA

## DECISION

Remember the HSA only applies if you enroll in the Qualified High Deductible Health Plan (QHDHP).

Employee Contribution \$ \_\_\_\_\_

## BENEFICIARY

Ensure you designate a beneficiary for your HSA account.

## Flex Savings Account (FSA)

### NOTES

### HEALTHCARE FSA – Which one is right for you?

- ① General Purpose FSA
- ② Limited Purpose FSA



## DEPENDENT CARE FSA – Is this right for you?

### DECISION

- ① General Purpose FSA      Annual Contribution Election \$ \_\_\_\_\_
- ② Limited Purpose FSA      Annual Contribution Election \$ \_\_\_\_\_
- ③ Dependent Care FSA      Annual Contribution Election \$ \_\_\_\_\_

### BENEFICIARY

## Dental Insurance

### NOTES

### QUESTIONS / RESEARCH / ACTION ITEMS

### DECISION

If enrolling a Spouse/Domestic Partner or Child(ren) you will need:

- Legal Name – name as listed on the Social Security Card
- Social Security Number
- Date of Birth



## Vision Insurance

### NOTES

### QUESTIONS / RESEARCH / ACTION ITEMS

### DECISION

If enrolling a Spouse/Domestic Partner or Child(ren) you will need:

- Legal Name – name as listed on the Social Security Card
- Social Security Number
- Date of Birth



## Voluntary Life and AD&D Insurance

### NOTES

### QUESTIONS / RESEARCH / ACTION ITEMS

If enrolling a Spouse/Domestic Partner or Child(ren), you will have to enroll yourself as an employee first. Remember the "Life Rules" regarding dependent enrollment.

### DECISION

① Employee: \_\_\_\_\_

② Spouse: \_\_\_\_\_

③ Domestic Partner: \_\_\_\_\_

④ Child(ren): \_\_\_\_\_

If enrolling a Spouse/Domestic Partner or Child(ren) you will need:

- Legal Name – name as listed on the Social Security Card
- Social Security Number
- Date of Birth
- Amount of insurance coverage
- Beneficiary Information



## EVIDENCE OF INSURABILITY (EOI)

Will I need to go through the EOI Process?

- ① Employee? \_\_\_\_\_
- ② Spouse? \_\_\_\_\_
- ③ Domestic Partner? \_\_\_\_\_
- ④ Child(ren)? \_\_\_\_\_

Complete the EOI Form(s) as needed and submit them early – do not wait!

## BENEFICIARY DESIGNATION

You will need the following information:

- Legal Name of Beneficiary– name as listed on the Social Security Card
- Social Security Number
- Address and Phone Number
- Date of Birth
- Primary or Secondary Designation and % if more than one beneficiary designation

## Voluntary Disability Insurance

### NOTES

### QUESTIONS / RESEARCH / ACTION ITEMS

### DECISION

- ① STD: \_\_\_\_\_
- ② LTD: \_\_\_\_\_



## Voluntary Critical Illness & Hospital Indemnity

### NOTES

### QUESTIONS / RESEARCH / ACTION ITEMS

### DECISION

① Critical Illness: \_\_\_\_\_

② Hospital Indemnity: \_\_\_\_\_