

2026 Benefits Selection Worksheet



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

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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

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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
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- Date of Birth

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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

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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

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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 & Accident

NOTES

QUESTIONS/ RESEARCH / ACTION ITEMS

DECISION

- ① Critical Illness: _____
- ② Hospital Indemnity: _____
- ③ Accident: _____