

2015/2016 Choices Enrollment Form

Name: _____

Effective Date of Coverage: _____

WAIVER OF COVERAGE

I have been given the opportunity to enroll in MUS Benefits Plan and decline at this time. ** Sign and date page 3

*** Indicates Mandatory Benefits Enrollment**

Medical * Choose a plan & coverage level	Employee	Emp + Sp	Emp + Child(ren)	Emp+ Family	Monthly Cost
Allegiance Managed Care	\$624.00	\$929.00	\$846.00	\$1,178.00	
Blue Cross Blue Shield Managed Care	\$610.00	\$909.00	\$828.00	\$1,153.00	
Pacific Source Managed Care	\$682.00	\$1,016.00	\$925.00	\$1,289.00	
Enter your Cost here					*(A)
Dental * Choose a plan & coverage level	Employee	Emp + Sp	Emp + Child(ren)	Emp+ Family	
Select Plan	\$42.00	\$80.00	\$80.00	\$113.00	
Basic Plan	\$16.00	\$31.00	\$31.00	\$43.00	
Enter your Cost here					*(B)
Life Insurance/Accidental Death & Dismemberment *					
<i>Choose one:</i>	\$15,000	\$1.49			
	\$30,000	\$2.97			
	\$48,000	\$4.75			
Enter your Cost here					*(C)
Long Term Disability *					
<i>Choose one:</i>	60% of pay/6-month wait	\$5.90			
	66-2/3% of pay/6-month wait	\$11.75			
	66-2/3% of pay/4-month wait	\$14.66			
Enter your Cost here					*(D)
Optional Vision	Employee	Emp + Sp	Emp + Child(ren)	Emp+ Family	
Vision Hardware	\$7.11	\$13.42	\$14.13	\$20.73	
Enter your Cost here					(E)
Cost				Total Lines A-E	(F)
Total Monthly Employer Contribution					-887 (G)
Total Monthly before-tax insurance costs				Lines G minus F	(H)
Flexible Spending Accounts					
<p>Note: NO employer contribution can be used towards a Flexible Spending Account You must re-enroll each year to participate in a Flexible Spending Account (<u>NOT</u> automatic!) There are NO exceptions for late enrollment or late submissions Mid-Year Change for Medical Flexible Spending must be consistent with event Medical Annual Amount: Minimum of \$120 Maximum \$2,550/Employee If your spouse has a Health Saving Account (HSA) you may have a limited purpose flex for dental and vision only Please make your election and contact Allegiance to have it setup as a limited purpose account only</p>					Flex Spending Yes <input type="checkbox"/> No <input type="checkbox"/>
<p style="text-align: right;">Salary Reduction for Medical Flex Monthly Amount</p>					
<p>Dependent Care Annual Amount: Minimum \$120 Maximum \$5,000/Employee</p>					Dependent Flex Monthly Amount
<p>Adoption Assistance Annual Amount: Minimum \$120 Maximum \$13,190 (Total max-NOT annual max)</p>					Adoption Assistance Flex Monthly Amount
Total Monthly Election					

Please refer to the *Choices* enrollment workbook for premium amounts.

Optional Employee Supplemental Life Insurance				Monthly Cost
Employee's coverage may increase one level at annual enrollment without evidence of good health. Coverage over \$300,000 always requires evidence of good health.				
Amount	Amount	Amount	Amount	
<input type="checkbox"/> \$25,000.00	<input type="checkbox"/> \$50,000.00	<input type="checkbox"/> \$75,000.00	<input type="checkbox"/> \$100,000.00	
<input type="checkbox"/> \$125,000.00	<input type="checkbox"/> \$150,000.00	<input type="checkbox"/> \$175,000.00	<input type="checkbox"/> \$200,000.00	
<input type="checkbox"/> \$225,000.00	<input type="checkbox"/> \$250,000.00	<input type="checkbox"/> \$275,000.00	<input type="checkbox"/> \$300,000.00	
<input type="checkbox"/> \$325,000.00	<input type="checkbox"/> \$350,000.00	<input type="checkbox"/> \$375,000.00	<input type="checkbox"/> \$400,000.00	
<input type="checkbox"/> \$425,000.00	<input type="checkbox"/> \$450,000.00	<input type="checkbox"/> \$475,000.00	<input type="checkbox"/> \$500,000.00	
<input type="checkbox"/> \$525,000.00	<input type="checkbox"/> \$550,000.00	<input type="checkbox"/> \$575,000.00	<input type="checkbox"/> \$600,000.00	
Enter you Cost here				(I)
Optional Spouse Supplemental Life Insurance				
Employee must be enrolled in Supplemental Life Insurance in order to select spousal coverage. Spousal elected life insurance cannot exceed 50% of the employee election. Spousal coverage over \$50,000 always requires evidence of good health. Employee must be the beneficiary for spousal life insurance coverage. Spousal coverage may increase one level at annual enrollment with evidence of good health. New Hires may elect any amount for spousal coverage keeping in mind the rules above.				
Amount	Amount	Amount	Amount	
<input type="checkbox"/> \$25,000.00	<input type="checkbox"/> \$50,000.00	<input type="checkbox"/> \$75,000.00	<input type="checkbox"/> \$100,000.00	
<input type="checkbox"/> \$125,000.00	<input type="checkbox"/> \$150,000.00	<input type="checkbox"/> \$175,000.00	<input type="checkbox"/> \$200,000.00	
<input type="checkbox"/> \$225,000.00	<input type="checkbox"/> \$250,000.00	<input type="checkbox"/> \$275,000.00	<input type="checkbox"/> \$300,000.00	
Enter you Cost here				(J)
Optional Child Supplemental Life Insurance				
Employee must be enrolled in Supplemental Life Insurance in order to select child coverage. Employee must be the beneficiary for Child life insurance coverage. Child coverage may increase one level at annual enrollment without evidence of good health.				
Amount	Amount	Amount	Amount	
<input type="checkbox"/> \$5,000.00	<input type="checkbox"/> \$10,000.00	<input type="checkbox"/> \$15,000.00		
<input type="checkbox"/> \$20,000.00	<input type="checkbox"/> \$25,000.00	<input type="checkbox"/> \$30,000.00		
Enter you Cost here				(K)
Optional Supplemental Accidental Death & Dismemberment Insurance				
Employees may elect any coverage amount at annual enrollment. Employees must elect AD&D coverage on themselves if electing coverage on dependents.				
Amount	Amount	Amount	Amount	
<input type="checkbox"/> \$25,000.00	<input type="checkbox"/> \$50,000.00	<input type="checkbox"/> \$75,000.00	<input type="checkbox"/> \$100,000.00	
<input type="checkbox"/> \$125,000.00	<input type="checkbox"/> \$150,000.00	<input type="checkbox"/> \$175,000.00	<input type="checkbox"/> \$200,000.00	
<input type="checkbox"/> \$225,000.00	<input type="checkbox"/> \$250,000.00	<input type="checkbox"/> \$275,000.00	<input type="checkbox"/> \$300,000.00	
<input type="checkbox"/> \$325,000.00	<input type="checkbox"/> \$350,000.00	<input type="checkbox"/> \$375,000.00	<input type="checkbox"/> \$400,000.00	
<input type="checkbox"/> \$425,000.00	<input type="checkbox"/> \$450,000.00	<input type="checkbox"/> \$475,000.00	<input type="checkbox"/> \$500,000.00	
<input type="checkbox"/> \$525,000.00	<input type="checkbox"/> \$550,000.00	<input type="checkbox"/> \$575,000.00	<input type="checkbox"/> \$600,000.00	
Enter you Cost here				(L)
Optional Spouse Accidental Death & Dismemberment Insurance				
Employee must be enrolled in AD&D in order to select spousal coverage. Spousal coverage may increase to any level at annual enrollment.				
Amount	Amount	Amount	Amount	
<input type="checkbox"/> \$25,000.00	<input type="checkbox"/> \$50,000.00	<input type="checkbox"/> \$75,000.00	<input type="checkbox"/> \$100,000.00	
<input type="checkbox"/> \$125,000.00	<input type="checkbox"/> \$150,000.00	<input type="checkbox"/> \$175,000.00	<input type="checkbox"/> \$200,000.00	
<input type="checkbox"/> \$225,000.00	<input type="checkbox"/> \$250,000.00	<input type="checkbox"/> \$275,000.00	<input type="checkbox"/> \$300,000.00	
Enter you Cost here				(M)
Optional Child(ren) Accidental Death & Dismemberment Insurance				
Employee must be enrolled in AD&D in order to select child coverage. Child coverage may increase to any level at annual enrollment.				
Amount	Amount	Amount		
<input type="checkbox"/> \$5,000.00	<input type="checkbox"/> \$10,000.00	<input type="checkbox"/> \$15,000.00		
<input type="checkbox"/> \$20,000.00	<input type="checkbox"/> \$25,000.00	<input type="checkbox"/> \$30,000.00		
Enter you Cost here				(N)

