2021-2022 Benefits Election Form

If you wish to enroll in benefits, complete this election form and return by September 24, 2021

Plan Holder Name (Company Name)	☐ Annual Open Enrollment ☐ Retiree ☐ New Subscriber ☐ Cobra Continuation ☐ Member Adding Line of Coverage ☐ Term
HomeCentris	

Section I - Basic Employee and Dependent Information – *This portion is to be completed in full by the Employee*

Employee's Name (Last, First, MI)	Social Security No.	Birth Date	Gender M F
Employee's Street Address	City/State/Zip		Phone
Email Address:	Full-time DOH (MM-DD-YYYY) / /		
Marital Status: ☐ Single ☐ Married	Dependent Children? ☐ Yes ☐ No		
Requested Effective Date of Coverage / /			

Spouse/Dependent Information (below) must be **completed in full** if you intend to cover your spouse and/or dependents under the medical insurance.

A = Add D = Delete C = Change	DEPENDENT NAME (Last, First, Middle Initial)	GENDER	RELATIONSHIP	BIRTH DATE	SSN	STUDENT
		M F				Y N
		M F				Y N
		M F				Y N
		M F				Y N
		M F				Y N

Section II - Health Care Benefit Plan Enrollment - *This portion is to be completed in full by the Employee*

Please check the coverage status of the plan that you are enrolling in.

Medical Insurance	**Deductions below are per pay period (26 pay periods)**				
Benefit Plan	**Coverage Status (check one)**				
	Employee Only	**Employee & Spouse**	**Employee & Child**	**Employee & Children**	**Family**
HealthyBlue HMO	☐ $64.50	☐ $284.80	☐ $208.50	☐ $208.50	☐ $410.18

Other Insurance Information
Will you or your dependents continue health coverage with another insurer ☐ Yes ☐ No
Other Health Insurer Name_____
Who is covered? ☐ Self ☐ Spouse ☐ All Policy #_____
Effective Date _____/_____/_____ Term Date _____/_____/_____

Section IV – Authorization

I am enrolling for coverage and I authorize my employer to deduct from my earnings until further notice my contributions for insurance. I understand that if I waived participation in one or more of these plans that I will not be eligible to enroll in them until the next Open Enrollment unless I have a change in status and the requested benefit change is due to and consistent with the change in status. I further understand that these benefits will remain in effect and cannot be changed or revoked unless the change is due to and consistent with a change in status or I make a change in a future open enrollment period. I understand that the insurance is not in force until approved by the insurance carrier(s).

Employee Signature:_____ **Date:**_____

Note: Under Section 125, you may make changes to your pre-tax benefit plans only if you experience a qualifying event. The change you request must be consistent with the event. The following are IRS minimum qualifying events:

1. *Marriage, Divorce, or legal separation,*
2. *Birth or adoption of a child,*
3. *Death of a spouse or child,*
4. *Change in residence or work location that affects benefits eligibility for you or your covered dependent(s),*
5. *Your child(ren) meets (or fails to meet) the plan's eligibility rules (for example, student status changes),*
6. *You or one of your covered dependents gain or lose another benefits coverage due to a change in employment status (for example, beginning or ending of a job).*