



2023 Annual Enrollment: Enroll, Change & Term Form

1. Employee Data (please type/print)

FULL NAME

DATE OF BIRTH

ADDRESS

CITY

STATE

ZIP CODE

PHONE

EMAIL ADDRESS

2. High Deductible Health Plan (HDHP) (pre-tax)

If you're currently enrolled in the HDHP, you will be automatically re-enrolled in the HDHP at the same coverage level for 2023. No action is required.

Complete this section to newly enroll, make changes, or to drop Health coverage for 2023.

Choose your 2023 Health plan option

Choose your 2023 Health Plan Coverage Level. All rates listed are monthly.

For the health care plan only, the University has a Spousal Carve-Out rule in place. If your spouse is employed and has an option of health coverage with their own employer, they are not eligible to enroll in our health plan. To enroll a spouse in our health plan, the [Spousal Evidence of Eligibility form](#) and the [Affidavit from Spouse's Employer form](#) **must** be completed & returned to HR.

3. Health Savings Account (HSA) (pre-tax)

- If you're currently participating in the HDHP and contributing to the HSA, your current HSA contributions will continue into 2023. No action is required.
- If you're currently participating in the HDHP and wish to increase or decrease your HSA contributions, type the new contribution amount into the form below.
- If you are newly enrolling in the HDHP, type the amount you wish to contribute to your HSA into the form below (even if that amount is \$0.00. You will still receive the employer HSA contribution even if you do not personally contribute the HSA). New enrollees will be sent a link after annual enrollment closes to set up their HSA with our HSA vendor, Chard Snyder. As part of the [Patriot Act](#), new enrollees may be required to provide ID verification to Chard Snyder before the account can be activated. New enrollees must sign & return the [HSA Electronic Disclosure form](#).

I request the following amount to be deducted pre-tax:	2023 IRS Contribution Limit (includes Employee + Employer contributions)	Employee <u>Per Pay</u> Contribution Election	Employee <u>Annual</u> Contribution Election (multiply per pay contribution by 12 if paid on the monthly pay schedule or by 26 if paid on the bi-weekly payroll status)
HSA Medical Single Coverage	\$3,850		
HSA Medical Family Coverage	\$7,750		
HSA Catch-Up Contribution (age 55)	\$1,000		

4. Dental Plan (pre-tax)

If you're currently enrolled in the Dental plan, you will be automatically re-enrolled in the Dental plan at the same coverage level for 2023. **Complete this section to newly enroll, make changes, or to drop Dental coverage for 2023.**

Choose your 2023 Dental Plan Option

Choose your 2023 Dental Plan Coverage Level. All rates listed are monthly.

5. Vision Plan (pre-tax)

If you're currently enrolled in the Vision plan, you will be automatically re-enrolled in the Vision plan at the same coverage level for 2023. **Complete this section to newly enroll, make changes, or to drop Vision coverage for 2023.**

Choose your 2023 Vision Plan Option

Choose your 2023 Vision Plan Coverage Level. All rates listed are monthly.

6. Flexible Spending Accounts (pre-tax)

To participate in an FSA for 2023, participants must complete & return a separate [FSA Enrollment & Contribution form](#).

- If you are enrolled in the High Deductible Healthcare Plan (HDHP) you are not eligible to contribute to a healthcare FSA because you are contributing, or are receiving employer contributions, to an HSA. You can however elect to contribute to a Limited FSA (for dental & vision expenses only) and/or Dependent Care FSA (for child care expenses).
- If you are **not** enrolled in a High Deductible Healthcare Plan (HDHP), you are eligible to contribute to a healthcare FSA, Limited FSA, and/or Dependent Care FSA.

7. Health, Dental & Vision Plan Dependent Information

NAME (Last, First, M.I.)	DATE OF BIRTH MM/DD/YYYY	Sex M/F	SOCIAL SECURITY NUMBER	MEDICAL	DENTAL	VISION
EMPLOYEE						
SPOUSE						
CHILD						
CHILD						
CHILD						
CHILD						
CHILD						
CHILD						

8. Supplemental Life Insurance (after-tax)

Supplemental Life Insurance is in addition to the Basic Life Insurance (1.5x your annual base salary) that the University provides at no cost to you. If you're currently enrolled in Supplemental Life Insurance(s), you will remain enrolled in 2023 at the same coverage level & volume. **Complete this section to newly enroll, make changes, or drop your supplemental life coverage(s) for 2023.**

Supplemental Life coverage election rules:

- Employees can increase one increment of 10k during annual enrollment up to the guaranteed issue amount of 100k. For example, an employee currently with 50k in voluntary life can elect to increase to 60k without completing Statement of Health (SOH) paperwork.
- Employees already at the guarantee issue amount of 100k wanting to increase to 110k, SOH is required because coverage would be above the guaranteed issue amount.
- Employees wanting to increase more than 10k during annual enrollment, SOH is required – even if below the guaranteed issue amount. For example, an employee has 20k and wants 60k – since more than one 10k increment is being elected, SOH is required.
- Employees not enrolled in supplemental life insurance(s) and wanting to newly enroll, SOH is required for any amount being elected (except for child life which never requires SOH).

Choose your 2023 Supplemental Life Insurance Option

Elect your 2023 Supplemental Life Volume (choose all that apply).

Employee Supplemental Life	Volume	(can elect in \$10k increments; not to exceed 5x salary)
Spouse Supplemental Life	Volume	(can elect in \$5k increments; not to exceed ½ of employee coverage)
Child Supplemental Life	Volume	(can elect a flat \$10,000 volume)

Current, in-force supplemental life insurance(s) may be increased by (1) increment **without completing SOH** (up to the guaranteed issue amount of \$100k for self or \$30k for spouse). SOH is never required for supplemental child life (\$10k flat volume).

I elect to increase one (1) \$10k increment to my current, in-force Employee Supplemental Life election

I elect to increase one (1) \$5k increment to my current, in-force Spouse Supplemental Life election

I understand and agree with the following statements:

1. My coverage elections cannot be revoked or modified during the year unless I have a qualifying change in status as defined by the IRS.
2. If I decline benefit coverages, I and/or my dependents must wait until I become eligible for special enrollment rights or until the next annual enrollment.
3. I authorize my employer to deduct my employee premiums from my pay according to the elections made on this form.
4. Only eligible spouses can enroll in medical coverage and if I enroll my spouse in medical coverage, I will submit a Spousal Evidence of Eligibility and Spousal Affidavit form. Subsequently, if there is a change to my spouse's eligibility status, I will notify the HR department within 30 days of the change.

Electronic Signature

Date