

# TUSCULUM COLLEGE

ESTABLISHED 1794

## Open Enrollment Benefit Election Form Effective April 1, 2014

Print Employee Name: \_\_\_\_\_ Date \_\_\_\_\_

I have been given the opportunity to participate in the benefits and (check box(es) below)

- I elect to waive Medical Coverage  I elect to waive Dental Coverage

- I elect to keep all of my coverages the same except for those checked below

(All premiums will remain the same for 2014/2015)

- I elect to  change  add  terminate the following:  
Please check box(es) below for coverages that you want to change/add/terminate.

- Medical

- \* If you were enrolled in medical this past year and now are waiving, please complete a termination form - TRM-09 Medical; or
- \* If you are adding, dropping dependents from coverage or changing coverage, complete a change form - ADC-13 Medical; or
- \* If you are enrolling for the first time, complete enrollment forms - EEW-13 Medical.

- Dental

- \* If you were enrolled in dental this past year and now are waiving, please complete a termination form- TRM-09 Dental; or
- \* If you are adding, dropping dependents from coverage or changing coverage, please complete a change form- ADC-13 Dental; or
- \* If you are enrolling for the first time, please complete enrollment forms- EEW-13 Dental.

- Life Basic & Long Term Disability (LTD)

- \* **You must fill out the Consolidated Enrollment Form (Paid by the College)**

- Life Supplemental

- \* **You must fill out the Consolidated Enrollment Form (Paid by the College)**
- \* If you are electing first-time coverage or a change in coverage above the guaranteed issue amount (\$150,000.00), you must fill out an Evidence of Insurability Form (EOI)

Flexible Spending Account (FSA)

- Continue  Add  Drop

- \* **You must fill out a new enrollment form each year. This deduction does not renew automatically.**

- AFLAC

- \* If terminating, changing, or adding, you must see Susie Thorpe, or the changes will not take place.

- TIAA-CREF RA (0%-5%)

- \* You may change only the percentage at this time; please complete a 403(b) Salary Reduction Agreement.
- \* Enrollment for the RA can only be completed in the months of January and July (if eligible).

- TIAA-CREF Supplemental (0%- Up)

- \* If you are enrolling for the first time, please complete enrollment forms.
- If you elect to change only the percentage at this time, please complete a 403(b) Salary Reduction Agreement

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_