



Open Enrollment Benefit Election Form

Effective April 1, 2017

Print Employee Name: _____ Payroll ID Number: _____

I have been given the opportunity to participate in the benefits, and I have reviewed my current coverage's and I wish to:

<p>1. Blue Cross/Blue Shield Medical:</p> <ul style="list-style-type: none"> * If you are enrolling for the first time, please complete an enrollment form; or * If you are adding, dropping dependents from coverage or changing coverage, please complete a change form; or * If you were enrolled in medical this past year and now are waiving, please complete a termination form. * Please fill out the Spousal Statement form if you carry your spouse on your medical plan; you may need to complete a termination form.
<p>2. Guardian Vision:</p> <ul style="list-style-type: none"> * If you are enrolling for the first time, please complete an enrollment form; or * If you are adding, dropping dependents from coverage or changing coverage, please complete a change form; or * If you were enrolled in vision this past year and now are waiving, please complete a termination form.
<p>3. Guardian Dental:</p> <ul style="list-style-type: none"> * If you are enrolling for the first time, please complete an enrollment form; or * If you are adding, dropping dependents from coverage or changing coverage, please complete a change form; or * If you were enrolled in vision this past year and now are waiving, please complete a termination form.
<p>4. Guardian Short-Term Disability {New this year}</p> <ul style="list-style-type: none"> * If you are enrolling for the first time, please complete an enrollment form
<p>5. Flexible Spending Account (FSA):</p> <ul style="list-style-type: none"> * This deduction does not renew automatically * You must fill out a new enrollment form each year
<p>6. AFLAC:</p> <ul style="list-style-type: none"> * If terminating, changing, or adding, you must see Susie Thorpe, or the changes will not take place.
<p>7. Guardian Life Supplemental:</p> <ul style="list-style-type: none"> * If you are enrolling for the first time, please complete an enrollment form, and an Evidence of Insurability Form (EOI) * If you are electing a change in coverage, please complete a change form, and an Evidence of Insurability Form (EOI)
<p>8. TIAA-CREF RA: (College Contribution)</p> <ul style="list-style-type: none"> * 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).
<p>9. TIAA-CREF Supplemental:</p> <ul style="list-style-type: none"> * If you are enrolling for the first time, please complete an enrollment form. * If you elect to change only the percentage at this time, please complete a 403(b) Salary Reduction Agreement.

§ 125 Cafeteria Plan - Premium Only

I understand that this election will stay in force until I make another election following a qualifying life event change or during the annual enrollment period. (All premiums will adjust to the 2017/2018 amounts)

Signature _____

Date _____