

TUSCULUM COLLEGE

ESTABLISHED 1794

Open Enrollment Benefit Election Form Effective April 1, 2018, through December 31, 2018

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:

<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 coverage this past year and now are waiving, please complete a termination form.* If you do not have coverage and do not want coverage, please select Waive.* If you have coverage and do not want to change anything, select No Change.* Please fill out the Spousal Statement form if you carry your spouse on your medical plan.
1. Blue Cross/Blue Shield Medical: <input type="checkbox"/> No Plan <input type="checkbox"/> Option 1- Buy Up Plan <input type="checkbox"/> Option 2 - Core Plan <input type="checkbox"/> Option 3 - HDHP <input type="checkbox"/> Employee Only <input type="checkbox"/> Family <input type="checkbox"/> No coverage
2. Guardian Vision: <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee/Spouse <input type="checkbox"/> Employee Child(ren) <input type="checkbox"/> Family <input type="checkbox"/> No coverage
3. Guardian Dental: <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee/Spouse <input type="checkbox"/> Employee Child(ren) <input type="checkbox"/> Family <input type="checkbox"/> No coverage
4. Guardian Short-Term Disability
5. Flexible Spending Account (FSA): Please divide annual amount by 9 this time <ul style="list-style-type: none">* This deduction does not renew automatically* You must fill out a new enrollment form each year
6. AFLAC: <ul style="list-style-type: none">* Please see Nathan Thorpe for enrollment or changes.
7. Guardian Life Supplemental: <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)
8. TIAA RA: (College Contribution) <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).
9. TIAA Supplemental: <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 2018 amounts)**

Signature

Date