

Benefits Packet Acknowledgement

By initialing next to each benefit option, I acknowledge that I have received and reviewed my Benefits Packet. By signing this form I acknowledge that I understand my benefits responsibilities as listed below as well as deadlines for enrollment.

2018 Annual Enrollment | July 1, 2018 Changes

_____ **Medical**

I understand that I must provide my site administrator a BCBSLA health application or change form by May 31, 2018 if I need to make changes. ***If I do not need to make changes, then I do nothing.*** Any submission after this date may forfeit my right to enroll or make changes in the medical plan until the next open enrollment period unless I have a qualifying event.

_____ **Dental**

I understand that I must provide my site administrator a Guardian application/change form by May 31, 2018. Any submission after this date may forfeit my right to enroll or make changes in the dental plan until the next open enrollment period unless I have a qualifying event.

_____ **Vision**

I understand that I must provide my site administrator a Guardian application/change form by May 31, 2018. Any submission after this date may forfeit my right to enroll or make changes in the vision plan until the next open enrollment period unless I have a qualifying event.

My portion of the medical, dental and vision benefits cost (if applicable) will be taken out of my paycheck pre-tax; therefore, I cannot revoke my elections until next open enrollment unless I have a qualifying event.

_____ **Supplemental Employee and Dependent Life (Guardian)**

Supplemental Employee and Dependent Life may not be elected until the 2019 Annual Enrollment.

Effective beginning JANUARY 1, 2019 | NEW HIRE Enrollment

_____ **Medical (United Healthcare ChoicePlus/UMR)**

I understand that I must provide my site administrator a Health application form either enrolling or waiving within 10 days of my hire date. Any submission after this date may forfeit my right to enroll in the medical plan until next open enrollment period unless I have a qualifying event.

_____ **Dental (Guardian)**

I understand that I must provide my site administrator a Guardian application either enrolling or waiving within 10 days of my hire date. Any submission after this date may forfeit my right to enroll in the dental plan until next open enrollment period unless I have a qualifying event.

_____ **Vision (Guardian)**

I understand that I must provide my site administrator a Guardian application either enrolling or waiving within 10 days of my hire date. Any submission after this date may forfeit my right to enroll or make changes in the vision plan until next open enrollment period unless I have a qualifying event.

Medical, Dental and Vision Benefits will go into effect the first of the month following the date of my employment. My portion of the benefits cost (if applicable) for medical, dental and vision will be taken out of my paycheck pre-tax, therefore, I cannot revoke my elections until next open enrollment.

_____ **Supplemental Employee and Dependent Life (Guardian)**

I understand that I must provide my site administrator a Guardian application and beneficiary form either enrolling or waiving within 10 days of my hire date. Any submission after this date may forfeit my right to enroll or make changes in the supplemental life plan until the 2019 open enrollment period unless I have a qualifying event.

Supplemental Employee and Dependent Life benefits will go into effect the first of the month following the date of my employment, and the premium will be taken out of my paycheck post-tax. This election cannot be changed until the July 2019 policy renewal unless I have a qualifying event. I will have the option to revoke my election during the open enrollment in 2018.

_____ **Life (Guardian) and 401(K) (Voya)**

I do also hereby acknowledge that if applicable, I need to update my beneficiary form for the life and 401K plans and return that form to the site administrator.

_____ **401(K) (Voya)**

I do hereby acknowledge that I am automatically enrolled in the 401K benefits program at a 4% deferral.

DATE

EMPLOYEE NAME / SIGNATURE

DATE

SITE ADMINISTRATOR SIGNATURE

LOCATION/PROGRAM: _____

Important: Please note that the Medicare Part D notice is included in the Annual Notices & Compliance Guide