



## Wellness For Life Benefits Enrollment Form

### EMPLOYEE INFORMATION

Last Name	First Name	Employee ID
Division/Department	Phone Number	Email Address

**ENROLLMENT TYPE** (select one):  New Hire  Open Enrollment  Qualified Event \_\_\_\_\_  
*(Bi-Weekly rates listed in Benefits Handbook)* EVENT DATE: \_\_\_\_\_ EFFECTIVE DATE: \_\_\_\_\_

<b>MEDICAL</b>	<b>Action</b>	<input type="checkbox"/> No Change	<input type="checkbox"/> Elect Coverage	<input type="checkbox"/> Waive Coverage	<input type="checkbox"/> Add/Remove Dependents
	Dependent	<input type="checkbox"/> EE Only	<input type="checkbox"/> EE + SP	<input type="checkbox"/> EE + CH	<input type="checkbox"/> EE + Family
	Plan Option	<input type="checkbox"/> OrangePrime Plus (HDHP)	<input type="checkbox"/> OrangePrime (LDHP)	<input type="checkbox"/> TRICARE Supplement	
<b>DENTAL</b>	<b>Action</b>	<input type="checkbox"/> No Change	<input type="checkbox"/> Elect Coverage	<input type="checkbox"/> Waive Coverage	<input type="checkbox"/> Add/Remove Dependents
	Dependent	<input type="checkbox"/> EE Only	<input type="checkbox"/> EE + 1	<input type="checkbox"/> EE + 2 or more	
	Plan Option	<input type="checkbox"/> Low Plan	<input type="checkbox"/> Middle Plan	<input type="checkbox"/> High Plan	
<b>VISION</b>	<b>Action</b>	<input type="checkbox"/> No Change	<input type="checkbox"/> Elect Coverage	<input type="checkbox"/> Waive Coverage	<input type="checkbox"/> Add/Remove Dependents
	Dependent	<input type="checkbox"/> EE Only	<input type="checkbox"/> EE + 1	<input type="checkbox"/> EE + 2 or more	

<b>ADDITIONAL LIFE</b>	<b>Action</b>	<input type="checkbox"/> No Change	<input type="checkbox"/> Elect Coverage	<input type="checkbox"/> Waive Coverage	
	<i>Basic Life equal to your annual salary (county paid)</i>	Total Amount \$ _____ (increments of \$10,000)			<input type="checkbox"/> Medical Underwriting Required (see benefits handbook for rules)
		<i>* Supplemental life up to 5x your annual salary (Plan Max \$300,000)</i>			
<b>SPOUSE LIFE</b>	<b>Action</b>	<input type="checkbox"/> No Change	<input type="checkbox"/> Elect Coverage	<input type="checkbox"/> Waive Coverage	
	<i>Cannot exceed employee basic + additional life</i>	Total Amount \$ _____ (increments of \$10,000)			<input type="checkbox"/> Medical Underwriting Required (see benefits handbook for rules)
		<i>* Plan Max \$250,000</i>			
<b>CHILD LIFE</b>	<b>Action</b>	<input type="checkbox"/> No Change	<input type="checkbox"/> Elect Coverage	<input type="checkbox"/> Waive Coverage	<input type="checkbox"/> Add/Remove Dependents
	<i>Children can only be covered by one employee</i>	Total Amount	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	
<b>STD</b>	<b>Action</b>	<input type="checkbox"/> No Change	<input type="checkbox"/> Elect Coverage	<input type="checkbox"/> Waive Coverage	<input type="checkbox"/> Medical Underwriting Required (see benefits handbook for rules)
	<b>Amount</b>	<input type="checkbox"/> 15-Day Wait	<input type="checkbox"/> 60-Day Wait	<input type="checkbox"/> 120-Day Wait	
		<input type="checkbox"/> 30-Day Wait	<input type="checkbox"/> 90-Day Wait		

<b>FSA</b>	<b>Action</b>	<input type="checkbox"/> No Change	<input type="checkbox"/> Elect Coverage	<input type="checkbox"/> Waive Coverage	
	Deduction	Deduct \$ _____ per pay period (\$15 minimum)			
	Plan Option	<input type="checkbox"/> Medical	<i>*available if HSA is not elected</i>		<input type="checkbox"/> Limited Purpose <i>*Dental/Vision expenses only</i>
<b>DEP CARE</b>	<b>Action</b>	<input type="checkbox"/> No Change	<input type="checkbox"/> Elect Coverage	<input type="checkbox"/> Waive Coverage	
	Deduction	Deduct \$ _____ per pay period (\$15 minimum)			
<b>HSA</b>	<i>Only available if electing the</i>				
	<i>OrangePrime Plus plan (HDHP)</i>	<input type="checkbox"/> HSA Election Form Attached (required for HSA Participation)	<input type="checkbox"/> N/A I do not qualify for or do not want an HSA		



**B001 - Beneflex**

