

EMPLOYEE BENEFITS ENROLLMENT/CHANGE FORM '19-'20

Employee Name: _____ Company: _____
 Date of Hire: _____ Effective Date: _____
 Gender: _____ DOB: _____ SSN: _____

SELECT YOUR BENEFITS

Medical	Dental	Vision
<input type="checkbox"/> Decline Medical <input type="checkbox"/> PREMIER <input type="checkbox"/> Employee Only <input type="checkbox"/> CHOICE <input type="checkbox"/> Employee/Spouse <input type="checkbox"/> SELECT <input type="checkbox"/> Employee/Children <input type="checkbox"/> Employee/Family	<input type="checkbox"/> Decline Dental <input type="checkbox"/> MetLife \$1,500 <input type="checkbox"/> Employee Only <input type="checkbox"/> MetLife \$2,000 <input type="checkbox"/> Employee/Spouse <input type="checkbox"/> Employee/Children <input type="checkbox"/> Employee/Family	<input type="checkbox"/> Decline Vision <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee/Spouse <input type="checkbox"/> Employee/Children <input type="checkbox"/> Employee/Family

Medical Declination Reason	HSA	Spouse Affidavit
<input type="checkbox"/> None <input type="checkbox"/> Covered by Government Plan <input type="checkbox"/> Cost <input type="checkbox"/> Covered Under Other Policy <input type="checkbox"/> Covered by family <input type="checkbox"/> Covered by Independent Plan	<input type="checkbox"/> Decline HSA <input type="checkbox"/> Accept HSA	<input type="checkbox"/> Needed <input type="checkbox"/> Not Needed

Vol Employee Life	Spouse Life/AD&D	Child Life/AD&D
<input type="checkbox"/> Decline Extra Life Insurance Coverage: \$ _____ ** Increments of 10K only	<input type="checkbox"/> Decline Life <input type="checkbox"/> Decline AD&D Life Coverage: \$ _____ AD&D Coverage: \$ _____ **Increments of 5K only	<input type="checkbox"/> Decline Life <input type="checkbox"/> Decline AD&D Life Coverage: \$ _____ AD&D Coverage: \$ _____ **2K, 4K, 6K, 8K, or 10K only

Vol Employee AD&D	Short Term Disability	401k
<input type="checkbox"/> Decline Extra Accidental Death and Dismemberment Coverage \$ _____ **Increments of 10K only	<input type="checkbox"/> Decline <input type="checkbox"/> Accept ** Rate is roughly \$4.69 per \$10K of salary**	I am currently not eligible to participate in the 401K Plan and decline at this time. Upon eligibility I will have the opportunity to enroll at the beginning of any quarter. <input type="checkbox"/> I Agree

Please be aware 3TwentyThree Personnel provides all full-time employees with Term Life insurance and Accidental Death and dismemberment (ADD) Insurance coverage for 2X their annual salary up to 300k at no cost. Enrolling the above elections is coverage above and beyond what the company provides. Any elections above will be deducted from my pay.

Dependent Information

3TwentyThree Personnel policy **does not allow** MEDICAL coverage for your spouse if it is available through his or her employer. If I choose to enroll a spouse under my coverage, I must complete the attached "Affidavit of Spousal Coverage" indicating my spouse does NOT have coverage available through his or her employer. The term "spouse" is defined as your "legal spouse, of the opposite sex".

Falsification of any document may result in disciplinary action up to and including termination of employment.

DEPENDENT INFORMATION WILL BE LISTED ON THE NEXT PAGE

Signature: _____ Date: _____

EMPLOYEE BENEFITS ENROLLMENT/CHANGE FORM '18-'19

List Dependent Information Below

Spouse Info Entered Below

Last Name, First M	Social Security Number	Date of Birth	Gender	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	Spouse <input type="checkbox"/>

Child(ren) Info Entered Below

Last Name, First M	Social Security Number	Date of Birth	Gender	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	Child <input type="checkbox"/>

Last Name, First M	Social Security Number	Date of Birth	Gender	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	Child <input type="checkbox"/>

Last Name, First M	Social Security Number	Date of Birth	Gender	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	Child <input type="checkbox"/>

Last Name, First M	Social Security Number	Date of Birth	Gender	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	Child <input type="checkbox"/>

Last Name, First M	Social Security Number	Date of Birth	Gender	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	Child <input type="checkbox"/>

Last Name, First M	Social Security Number	Date of Birth	Gender	Relationship
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Last Name, First M	Social Security Number	Date of Birth	Gender	Relationship
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Last Name, First M	Social Security Number	Date of Birth	Gender	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	Child <input type="checkbox"/>

Last Name, First M	Social Security Number	Date of Birth	Gender	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	Child <input type="checkbox"/>