

Name: _____

Dept: _____

SS#: _____

Hire Date: _____ Gender: ☐ Male ☐ Female

Date of Birth: _____

Employee Type: ☐ Faculty ☐ Unclassified ☐ Classified

Home Address: _____

Marital Status: ☐ Married ☐ Single ☐ Domestic Partner

Medical Plan (Select One)

85/60 ☐ SINGLE ☐ FAMILY

HDHP ☐ SINGLE ☐ FAMILY

Opt-Out of all plans ☐

Dental Plan (Select One)

	12-MONTH & BI-WEEKLY			10-MONTH			9-MONTH		
	SINGLE	EE + 1	FAMILY	SINGLE	EE + 1	FAMILY	SINGLE	EE + 1	FAMILY
HIGH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LOW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AAUP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REFUSE DENTAL <input type="checkbox"/>									

NAME	SOCIAL SECURITY NUMBER	RELATIONSHIP	DATE OF BIRTH	MEDICAL (Y or N)	DENTAL (Y or N)
		Self			

REMINDER: YOU MUST ATTACH COPIES OF SUPPORTING DOCUMENTATION (MARRIAGE CERTIFICATE, BIRTH CERTIFICATE, ETC.) TO COMPLETE THE ENROLLMENT PROCESS. FAILURE TO RETURN THE REQUIRED INFORMATION WILL DELAY YOUR ENROLLMENT.

My signature below confirms my election choices as indicated above and authorizes Kent State University to communicate my enrollment selection to the designated insurance carrier and make any necessary payroll deductions.

Signature: _____ Date: _____

Your contributions will automatically be processed on a pre-tax basis. By using pre-tax dollars, this "premium conversion plan" can offer you significant savings. In exchange for the tax savings offered by the premium conversion plan, Section 125 of the Internal Revenue Code imposes some important rules about when you may change your medical or dental coverage choice. The rules require that your choice remain in effect for the entire plan year, except under limited circumstances, specifically an eligible change in work or family status. **Eligible changes in work or family status include events such as marriage, divorce, birth or adoption of a child, loss of a dependent, or a change in your or your spouse's employment status.** If you do not wish to have your contributions taken "pre-tax", you must submit a written statement to Benefits declining this option. If you have any questions, please contact University Benefits at (330) 672-3107.