



**GROUP INSURANCE ENROLLMENT DATA FORM\***  
 (330) 672-3107; [benefits@kent.edu](mailto:benefits@kent.edu)

**PART TIME ENROLLMENT FORM - COVERAGE EFFECTIVE 01/01/2019**

Name: \_\_\_\_\_ Dept: \_\_\_\_\_

SS#: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Gender:  Male  Female Employee Type:  Faculty  Unclassified  Classified  Part-Time

Marital Status:  Married  Single

The university offers domestic partner benefits to eligible employees (effective Jan. 1, 2010). More information, including a copy of the Affidavit of Domestic Partnership form and eligibility requirements is available at [www.kent.edu/hr/employee/domestic-partners.cfm](http://www.kent.edu/hr/employee/domestic-partners.cfm).

**MEDICAL PLANS (Select One)**

		<u>Per Pay</u> <u>Contribution*</u>			<u>Per Pay</u> <u>Contribution*</u>
<b>Medical Mutual PPO 85/60</b>			<b>Medical Mutual HDHP</b>		
*FSA eligible			*HSA eligible		
	Single	\$' (6.80		Single	\$&66.56
	Family	\$- 19.02		Family	\$+06.02

The coverage options above include medical, prescription drug and vision benefits. \*Amounts listed are the per pay deductions for a 12-month appointment.

Name	Social Security No.	Relationship	Date of Birth
		Self	

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.

Your monthly contributions will automatically be processed on a pre-tax basis\*\*. Using pre-tax dollars 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.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_