



2022 Benefit Enrollment/Waiver Form

Ministries
 VCES
 VCMS
 VCHS
 Foundation

**COVERAGE
EFFECTIVE DATE:**

1/1/2022

EMPLOYEE INFORMATION

Name: (First)		(Last)		Social Security Number:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:				City/State/Zip:	Home/Cell Phone:
Date of Birth:	Original Date of Hire:	Full-time Date of Hire:		E-mail Address:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> DP

EMERGENCY CONTACT

Name:	Relationship:	Phone:	City & State:
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I wish to make NO benefit changes to my current elections Initial ____ Please sign the back of this form.

Please enter your benefit elections below (list covered family members on the reverse side of this form):

<p style="text-align: center;">Medical/Rx: Regence</p> <p style="text-align: center;"><i>Employee costs are shown as monthly rates.</i></p> <p style="text-align: center;"><input type="checkbox"/> Enroll <input type="checkbox"/> Waive</p>	<p>Base</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Employee Only \$103.85</td> <td><input type="checkbox"/> Employee + Spouse \$468.99</td> </tr> <tr> <td><input type="checkbox"/> Employee + Child(ren) \$393.44</td> <td><input type="checkbox"/> Employee + Family \$776.36</td> </tr> </table> <p>Buy-up</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Employee Only \$146.77</td> <td><input type="checkbox"/> Employee + Spouse \$555.06</td> </tr> <tr> <td><input type="checkbox"/> Employee + Child(ren) \$470.51</td> <td><input type="checkbox"/> Employee + Family \$898.69</td> </tr> </table> <p><input type="checkbox"/> I am waiving. I have other medical coverage with _____</p>	<input type="checkbox"/> Employee Only \$103.85	<input type="checkbox"/> Employee + Spouse \$468.99	<input type="checkbox"/> Employee + Child(ren) \$393.44	<input type="checkbox"/> Employee + Family \$776.36	<input type="checkbox"/> Employee Only \$146.77	<input type="checkbox"/> Employee + Spouse \$555.06	<input type="checkbox"/> Employee + Child(ren) \$470.51	<input type="checkbox"/> Employee + Family \$898.69
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<p style="text-align: center;">Dental:</p> <p style="text-align: center;"><i>Employee costs are shown as monthly rates.</i></p> <p style="text-align: center;"><input type="checkbox"/> Enroll <input type="checkbox"/> Waive</p>	<p>Willamette Dental</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Employee Only \$5.70</td> <td><input type="checkbox"/> Employee + Spouse \$28.91</td> </tr> <tr> <td><input type="checkbox"/> Employee + Child(ren) \$36.26</td> <td><input type="checkbox"/> Employee + Family \$59.50</td> </tr> </table> <p>The Standard</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Employee Only \$5.00</td> <td><input type="checkbox"/> Employee + Spouse \$25.34</td> </tr> <tr> <td><input type="checkbox"/> Employee + Child(ren) \$31.79</td> <td><input type="checkbox"/> Employee + Family \$52.13</td> </tr> </table>	<input type="checkbox"/> Employee Only \$5.70	<input type="checkbox"/> Employee + Spouse \$28.91	<input type="checkbox"/> Employee + Child(ren) \$36.26	<input type="checkbox"/> Employee + Family \$59.50	<input type="checkbox"/> Employee Only \$5.00	<input type="checkbox"/> Employee + Spouse \$25.34	<input type="checkbox"/> Employee + Child(ren) \$31.79	<input type="checkbox"/> Employee + Family \$52.13
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<p style="text-align: center;">Flexible Spending Account: WEX, Inc</p> <p style="text-align: center;"><i>Election will be funded via payroll deductions.</i></p> <p style="text-align: center;"><input type="checkbox"/> Enroll <input type="checkbox"/> Waive</p>	<p>Healthcare FSA Maximum Election: \$2,850 (\$237.50 per paycheck)</p> <p>Dependent Care (daycare) Maximum Election: \$5,000 (\$416.66 per paycheck)</p> <p>Healthcare FSA: _____ \$ _____ Per paycheck for the 2022 plan year. I elect to contribute</p> <p>Dependent Care FSA: _____ \$ _____ Per paycheck for the 2022 plan year. I elect to contribute</p> <p><small>PLEASE SEE WEX, INC BENEFIT MATERIALS FOR IMPORTANT INFORMATION BEFORE ENROLLING</small></p>								



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Voluntary Life/AD&D: Prudential <input type="checkbox"/> Enroll <input type="checkbox"/> Waive	I wish to purchase additional Life Insurance for <input type="checkbox"/> Myself, <input type="checkbox"/> Spouse/DP, and/or <input type="checkbox"/> Child(ren) <i>(See HR for additional enrollment information) Example: 30-year old purchasing \$100,000 = \$5.75 per paycheck</i>		
Beneficiary Designation	Full Name	Relationship	Address
Contingent*			
Enrollment type	Desired Coverage Amount	Monthly Premium	Date of marriage is required for spouse coverage
Employee only			
Spouse			
Child(ren)			

*Contingent incase primary beneficiary is no longer surviving.

List all eligible dependents (i.e. spouse and/or children up to age 26) who are to be enrolled for benefits.

PLEASE NOTE! YOU MUST PROVIDE A VALID SOCIAL SECURITY NUMBER FOR EACH DEPENDENT TO BE COVERED BY INSURANCE

Dependent's Full Name	Relationship to the Employee	Social Security Number	Date of Birth	Gender	Please Enroll in Insurance
					<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vol Life/AD&D
					<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vol Life/AD&D
					<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vol Life/AD&D

By my signature below, I verify that all of the above information is true and correct to the best of my knowledge. I authorize the above elections and any required payroll deductions. I authorize any insurance company or health care provider to furnish the insurance carrier with any and all records pertaining to the health coverage of those I have listed above for the purpose of adjudicating claims. I understand that if I waive coverage for myself and/or any of my eligible dependents, I and/or they will be ineligible to obtain coverage under the Maryville Nursing Home Plans until the next Open Enrollment period unless I experience a "qualifying event," such as marriage, divorce, birth/adoption of a child, or loss of other coverage in which case enrollment must be requested within 30 days of the qualifying event. I understand that I cannot add or change the benefits I have elected until the next Open Enrollment period in 2022 to be effective January 1, 2023 unless I have a qualifying event, such as a change in family or employment status. I understand that it is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTE: If you decline enrollment for yourself and/or your dependents (including Spouse/Domestic Partner) due to being covered under other health insurance coverage, in the future you may be able to enroll yourself and/or your dependents in this plan, provided that you request enrollment within 30 days of termination of other coverage. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents.

Applicant's Signature:

Date:

RCW 48.135.080, "It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits."