

PLEASE WRITE IN ALL CAPITAL LETTERS

SECTION 1: EMPLOYEE INFORMATION

Form section for employee information including Last Name, First Name, MI, SS#, Address, Home Phone/Cellphone, Email Address, Annual Salary, Work Location, Birth Date, Employee ID #, Gender, Marital Status, Date Hired, Enrollment Status, and Date of Qualifying Event.

SECTION 2:

Form section for benefit selection including Waive Medical, Dental, and Vision options, and a table for Medical, Dental, and Vision plan rates (Standard and Enriched) for various employee categories.

SECTION 3: EMPLOYEE & DEPENDENT INFORMATION

(YOU MUST LIST A PRIMARY CARE PHYSICIAN (PCP #) BELOW, IF SELECTING MEDICAL COVERAGE FOR YOU AND YOUR DEPENDENTS)

Table for dependent information with columns for Relationship, M/F/N, Last Name/First Name, Social Security Number, Coverage Desired (Medical, Dental, Vision, Hospital Indemnity, Accident Insurance, Constant Credit), DOB, PCP #, and Check One (DP, CDP, AC).

\* IF ENROLLING A DOMESTIC PARTNER, CHILD OF A DOMESTIC PARTNER OR ADULT CHILD(REN) PLEASE SELECT THE APPROPRIATE BOX. \*\* PLEASE CHECK MARK (✓) ANY DEPENDENT WHO RESIDES OUTSIDE MIAMI-DADE, BROWARD, OR PALM BEACH AREA.

SECTION 4: FLEXIBLE SPENDING ACCOUNTS\* YOU MUST COMPLETE THIS SECTION IF YOU WISH TO PARTICIPATE IN EITHER OR BOTH SPENDING ACCOUNTS FOR 2024.

Form section for Flexible Spending Accounts with checkboxes for Healthcare and Dependent Care Spending Accounts, and a table for contribution amounts.

SECTION 5: POST-TAX PRODUCTS

Form section for Post-Tax Products including ARAG Legal - Ultimate Advisor, Group Hospital Indemnity, Group Accident Coverage, Group Critical Illness, Ocenture ID Commander, Ocenture ConstantCredit, Pet Assure, and Health Consumer/Fertility & Family Planning.

SECTION 6: DISABILITY INCOME PROTECTION\* (Employee Coverage Only)

Form section for Disability Income Protection with questions about coverage for 2024, hospitalization history, and dependent information.

IMPORTANT notice and disclaimer text regarding the accuracy of information provided and the employee's understanding of the benefits and terms.

Signature and Date fields for the employee.