



LIFE INSURANCE COVERAGE

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SUPPLEMENTAL LIFE AND AD/D COVERAGE

(Maximum coverage allowed is 3 x salary, but not more than \$500,000.)

1.0X

DEPENDENT LIFE (After-tax benefit)

\$5,000 Spouse/\$1,000 Child

: ?A>10 ?! -9 1	%/58%1/A5@! ;	- @; 2 5@
> A< ! -9 1	->5@%@@? /41/7 ;: 1	
Case Western Reserve University	->510 (5); C10 %5 381 5; >10	
F&41 1: 125 5>E 0173: - @: C58-<<E @-801- @. 1: 125@2 >@1 -.; B1: -9 10 : ?A>10 A: 8!?? @1E 0173: - @		
; @1>C5?1 . E/41/75 3- ?<1/525 /; B1>31		
-75 &1>0 521 -75 %A<< 521 %A<< ' ; 8A @>E 521 ' ; 8A @>E 8		

# # # &41 <@ ->E. 1: 125 5>E 5? @1 <1>; : ? E A: -9 1 @>1/151 01- @. 1: 125@* ; A9-E: -9 1 9 ; >1 @: ; : 1. 1: 125 5>E 2E A0; ; @<1/5E. 1: 125@<1>1: @31? < ; /110? C58. 1 <- 5 5 1=A 8?4->1?		
@ @1 <@ ->E. 1: 125 5>1? C4; ?A>551 E A		
! % % # &41/ ; ; @ 31: @ 1: 125 5>E 5? @1 <1>; : ? E A: -9 1 @>1/151 01- @. 1: 125@52 ; ; <@ ->E. 1: 125 5>E ?A>551? E A		
: -// ; >0- /1 C5@ @1 < ; B55 : ? ; 2 @1 # ; 5E - : 0 ; > 1>@5 - @ 41>1. E>1=A1? @1 . 1: 125@<-E. 8! 2 >8 ?? ; 2821 @. 1 5?A10 -? 2 8 C?		
5?@ -9 1	-?@ -9 1	- @; 2 5@ \$ 18 @: ?45< 1: 125@
5?@ -9 1	-?@ -9 1	- @; 2 5@ \$ 18 @: ?45< 1: 125@
41>1. E>1B 71 -82 >9 1>. 1: 125 5>E 0173: - @: ?- : 0 >1?>B1 @1 >54@@ 9-71 2A>@1>/4: 31?- @: E @ 1 ?A 6/ @@# ; 5E < ; B55 : ?		
***** %5: - @>1 ; 2 : ?A>10 ***** - @%5: 10		
"!#% % !% !# ## " !' \$ 2E A>1?515 + !' ! &) (; >(-: 0 E A: -9 1 ? 9 1 ; : 1 ; @1>@: E A> ?< A?1 -? <@ ->E. 1: 125 5>E E!> 9E!(9)10]TJ 0.768 0 Td ?J 03 0 Td [<16>] Td [(1)]TJ 0.444 0 Td 7>!(9)10]TJ 0.768 0 Td @[(.)10]TJ 0.49 0 Td		

Working Spouse Premium

2024 Wellness Opportunities

within 30 days of
their start date.

Health Risk Assessment from WebMD – (<https://webmdhealth.com/cwru>)

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○

AND Complete TWO of these THREE activities

○ Biometric Screenings with Quest Diagnostics (<https://my.questforhealth.com>)

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Tobacco Attestation Form

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Primary Care Provider Attestation Form

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Please note: it may take seven to ten (7-10) days for new employees to gain access to the systems for scheduling a biometric screening.

Additional Wellness Program Incentives* for 2024

www.case.edu/wellness/facultystaff.

Notice of Reasonable Alternative Standard:

2024 Primary Care Provider (PCP) Attestation Form

2024 Tobacco Attestation Form