

PERSONAL INFORMATION

Name:		EMPLID:	
Address:			
City:	State:	Zip:	
Home Phone:	Work Phone:	Email:	
Birth Date:	Gender:	M	F
Date of Marriage:			

DEPENDENT INFORMATION: Dependent verification documents must be submitted with enrollment form. Do NOT send forms containing sensitive information via email or fax.

Relationship	Last (only if different)	First	Birth Date	Gender	Soc. Sec. No.	Dep Ver
--------------	--------------------------	-------	------------	--------	---------------	---------

Spouse/Equiv



LIFE INSURANCE COVERAGE

Medical evidence of insurability may be required for supplemental elections.

SUPPLEMENTAL LIFE AND AD/D COVERAGE

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

- 1.0X
- 1.5X
- 2.0X
- 2.5Xo
- 3.0X
- \$50,000
- WAIVE

DEPENDENT LIFE (After-tax benefit)

- \$5,000 Spouse/\$1,000 Child(ren) | \$1.00/month
- \$10,000/Spouse/\$2,000 Child(ren) | \$2.00/month

WAIVE

PREPAID LEGAL (After-tax benefit)

- MetLife Legal
- WAIVE

SAVINGS ACCOUNTS

FHS (FSA)

FSA minimum annual contribution is \$120; maximum of \$3,200 per year for Health Care

- Health Care Flexible Spending Account
- Monthly pledge
- WAIVE

DCSA (DCSA)

DCSA maximum is \$,00 per year for individuals; \$,00 per year if married filing separate tax returns

- Dependent Care Flexible Spending Account
- Monthly pledge
- WAIVE

HSA (HSA)

Available only if enrolling in the High Deductible Health Plan. The annual maximum is \$4,150 per year for individuals; \$8,300 per year for families

- Health Savings Account
- \$000 pledge
- WAIVE

PARTICIPANT SIGNATURE

I understand that by signing and submitting this form within the first 30 days of employment, I am making a binding election concerning my benefits until such time as I elect new coverage and sign a new form.

Signature: _____

Date: _____

Return completed enrollment form and associated carrier applications to HR Service Center, 320 Crawford Hall, LC 7047

CWRU BENEFITS ADMINISTRATION

- Date of Hire
- Life Insurance Beneficiary Form received
- Wellness Incentive Forms received

- Coverage Effective Date
- WSP Election Form received
- VSP entered