

## A. EMPLOYEE PERSONAL INFORMATION

Last Name	First Name	MI	Social Security Number	Birth Date
Address			City	State
Phone Number	Marital Status	Job Title		Date of Hire/QE

## B. ENROLLMENT/CHANGE REASON

Indicate the reason that you are enrolling for (or changing) your benefits and the date of the event that qualifies you to make this change. New hires and newly eligible employees have 30 days to enroll. If you are changing your benefits due to a qualifying event, you have 30 days from the event date to make the change. Your new election must be on account of the event and must correspond with the gain or loss of coverage.

### 1. Enrollment/change reason

- ☐ New hire  
☐ Open enrollment  
☐ Qualifying event; check the box in Section 2 (to the right) describing the qualifying event. Indicate name of person who incurred the event:  
 \_\_\_\_\_

### 2. Qualifying event (supporting documentation is required)

- |  |   |
|--|---|
| <input type="checkbox"/> Marriage/domestic partner<br><input type="checkbox"/> Divorce/legal separation or termination of Domestic partnership<br><input type="checkbox"/> Change in spouse/domestic partner employment status<br><input type="checkbox"/> Began/Terminated employment<br><input type="checkbox"/> Qualified medical child support order or similar court judgment | <input type="checkbox"/> Birth, adoption or placement for adoption<br><input type="checkbox"/> Other – subject to HR/Benefits Approval (please explain):<br>_____<br>_____<br>_____ |
|--|---|

## C. BENEFIT PLAN ELECTIONS

Medical		Dental		Vision		
Plan	Coverage Level	Plan	Coverage Level	Plan	Coverage Level	
<input type="checkbox"/> Waive <input type="checkbox"/> HDHP HSA	<input type="checkbox"/> Employee Only <input type="checkbox"/> Employee + Spouse/DP <input type="checkbox"/> Employee + Child(ren) <input type="checkbox"/> Employee + Family	<input type="checkbox"/> Waive <input type="checkbox"/> Dental PPO	<input type="checkbox"/> Employee Only <input type="checkbox"/> Employee + Spouse/DP <input type="checkbox"/> Employee + Child(ren) <input type="checkbox"/> Employee + Family	<input type="checkbox"/> Waive <input type="checkbox"/> Vision PPO	<input type="checkbox"/> Employee Only <input type="checkbox"/> Employee + Spouse/DP <input type="checkbox"/> Employee + Child(ren) <input type="checkbox"/> Employee + Family	
Short Term Disability	Optional Employee Life and AD&D			Dependent Life and AD&D		
Plan	Plan			Spouse/DP	Child(ren)	
<input type="checkbox"/> Waive <input type="checkbox"/> Enroll	<input type="checkbox"/> Waive <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$40,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$60,000 <input type="checkbox"/> \$70,000 <input type="checkbox"/> \$80,000 <input type="checkbox"/> \$90,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$110,000 <input type="checkbox"/> \$120,000	<input type="checkbox"/> \$130,000 <input type="checkbox"/> \$140,000 <input type="checkbox"/> \$150,000 <input type="checkbox"/> \$160,000 <input type="checkbox"/> \$170,000 <input type="checkbox"/> \$180,000 <input type="checkbox"/> \$190,000 <input type="checkbox"/> \$200,000 <input type="checkbox"/> \$210,000 <input type="checkbox"/> \$220,000 <input type="checkbox"/> \$230,000 <input type="checkbox"/> \$240,000 <input type="checkbox"/> \$250,000	<input type="checkbox"/> \$260,000 <input type="checkbox"/> \$270,000 <input type="checkbox"/> \$280,000 <input type="checkbox"/> \$290,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$310,000 <input type="checkbox"/> \$320,000 <input type="checkbox"/> \$330,000 <input type="checkbox"/> \$340,000 <input type="checkbox"/> \$350,000 <input type="checkbox"/> \$360,000 <input type="checkbox"/> \$370,000 <input type="checkbox"/> \$380,000	<input type="checkbox"/> \$390,000 <input type="checkbox"/> \$400,000 <input type="checkbox"/> \$410,000 <input type="checkbox"/> \$420,000 <input type="checkbox"/> \$430,000 <input type="checkbox"/> \$440,000 <input type="checkbox"/> \$450,000 <input type="checkbox"/> \$460,000 <input type="checkbox"/> \$470,000 <input type="checkbox"/> \$480,000 <input type="checkbox"/> \$490,000 <input type="checkbox"/> \$500,000	<input type="checkbox"/> Waive <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$35,000 <input type="checkbox"/> \$40,000 <input type="checkbox"/> \$45,000 <input type="checkbox"/> \$50,000	<input type="checkbox"/> \$55,000 <input type="checkbox"/> \$60,000 <input type="checkbox"/> \$65,000 <input type="checkbox"/> \$70,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$80,000 <input type="checkbox"/> \$85,000 <input type="checkbox"/> \$90,000 <input type="checkbox"/> \$95,000 <input type="checkbox"/> \$100,000
<b>New Hires:</b> Statement of Health is required for coverage in excess of \$50,000.			<b>Newly Eligible:</b> Statement of Health is required for coverage in excess of \$25,000.			
Health Savings Account (HSA)						
<input type="checkbox"/> Waive <input type="checkbox"/> Annual contribution: \$ _____ (Minimum \$100 per year; Maximum \$4,300 per year for individual coverage, \$8,550 for family coverage)						

Last Name	First Name	MI	Social Security Number	Birth Date
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### D. DEPENDENT INFORMATION

Action	Name (First, MI, Last)	Relationship	Birth Date (mm/dd/yyyy)	Social Security Number	Gender		Medical		Dental		Vision		Optional Life and AD&D	
					M	F	Y	N	Y	N	Y	N	Y	N
<input type="checkbox"/> Add <input type="checkbox"/> Drop					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Add <input type="checkbox"/> Drop					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Add <input type="checkbox"/> Drop					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Add <input type="checkbox"/> Drop					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Add <input type="checkbox"/> Drop					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Add <input type="checkbox"/> Drop					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Add <input type="checkbox"/> Drop					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Add <input type="checkbox"/> Drop					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Add <input type="checkbox"/> Drop					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### E. AUTHORIZATION

I certify that the information I have provided is true and correct to the best of my knowledge. I understand that any false statements could result in termination of coverage for me and any of my dependents. I understand that it is my responsibility to report to the Company any changes in the eligibility of my dependents within 31 days of such change(s). I agree to be governed by the terms and conditions of the plans in which I have enrolled.

I authorize the Company to deduct pretax and/or after-tax contributions from my earnings now or in the future as required under each of the plans. I also understand that if my paycheck is not sufficient to cover my contributions, the Company may, in its sole discretion, automatically collect any such payment(s) from a future paycheck(s).

Employee Signature	Date	For HR/Benefits Use Only
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### HR/Benefits Use Only

Effective Date	Approved By	Date Received	Notes
	Date	Data Entry Date/Processor	

**Properly completed forms along with any supporting documentation should be submitted to HR/Benefits**

Email: [HR@ClarityCU.com](mailto:HR@ClarityCU.com)

Phone: 208.318.0445 (Cindy Hodges)

**For complete information on benefit plans and contribution amounts, visit [teamcreativa.com/claritycreditunion](https://teamcreativa.com/claritycreditunion).**