HR | Human Resources
Association of Universities for Research in Astronomy | AURA

Benefits Election/Change Form – Active Employees

January 1, 2016 – December 31, 2016

Check The Appropriate Box			
☐ Initial Enrollment ☐ Open Enrollment	☐ Marriage ___ ___ / ___ ___ / ___ ___ ☐ Birth / Adoption ___ ___ / ___ ___ / ___ ___	☐ Employment Status Change ___ ___ / ___ ___ / ___ ___ ☐ Special Enrollment ___ ___ / ___ ___ / ___ ___	☐ Cancel Coverage ☐ Other ________________

Employee Information				
Last Name	First Name		Initial	Social Security Number ___ ___ ___ - ___ ___ - ___ ___ ___ ___
Location: ☐ Arizona ☐ Boulder ☐ New Mexico ☐ Other________________				
Physical Street Address	City	State	Zip Code	
Mailing Street Address	City	State	Zip Code	
Home Telephone (___ ___ ___) ___ ___ ___ - ___ ___ ___ ___	Work Phone (___ ___ ___) ___ ___ ___ - ___ ___ ___ ___	Email Address		
Date of Birth ___ ___ / ___ ___ / ___ ___ ___ ___	Date of Hire ___ ___ / ___ ___ / ___ ___ ___ ___	Effective Date ___ ___ / ___ ___ / ___ ___ ___ ___	Marital Status	Sex

Benefit Elections					
Full-Time Employees Refer to the Benefits Guide for Rates	CIGNA Medical		MetLife Dental	EDS* (AZ Only) Dental	UHC Vision
Tier	CDHP	OAP	DPPO	DHMO	PVRC# 0001
	Policy# 3328775		Policy# 5551865	Policy# 1072	Policy# 718181
Employee Only	☐	☐	☐	☐	☐
Employee + Spouse (One Dependent)	☐	☐	☐	☐	☐
Employee + Child or Children	N/A	N/A	☐	N/A	☐
Employee + Family	☐	☐	☐	☐	☐
	Waive Medical ☐		Waive Dental ☐		Waive Vision ☐
Reason for Waiving Coverage:					

*EDS Dental office selection for you and your enrolled dependents.
ID Number: Name of office:

Please complete for each of your eligible dependents					
Check Appropriate Box	First Name, Initial, Last Name Social Security Number	Sex	Date of Birth	Relationship Type	Coverage Elected
☐ Enroll ☐ Cancel ☐ Change	 SS#___ ___ ___ - ___ ___ - ___ ___ ___ ___		___/___/___	☐ Spouse ☐ Domestic Partner	Med ☐ Den ☐ Vis ☐
Eligible dependent coverage up to age 26 for Medical, Dental and Vision Coverage					
☐ Enroll ☐ Cancel ☐ Change	 SS#___ ___ ___ - ___ ___ - ___ ___ ___ ___		___/___/___		Med ☐ Den ☐ Vis ☐
☐ Enroll ☐ Cancel ☐ Change	 SS#___ ___ ___ - ___ ___ - ___ ___ ___ ___		___/___/___		Med ☐ Den ☐ Vis ☐
☐ Enroll ☐ Cancel ☐ Change	 SS#___ ___ ___ - ___ ___ - ___ ___ ___ ___		___/___/___		Med ☐ Den ☐ Vis ☐
☐ Enroll ☐ Cancel ☐ Change	 SS#___ ___ ___ - ___ ___ - ___ ___ ___ ___		___/___/___		Med ☐ Den ☐ Vis ☐
☐ Enroll ☐ Cancel ☐ Change	 SS#___ ___ ___ - ___ ___ - ___ ___ ___ ___		___/___/___		Med ☐ Den ☐ Vis ☐

(Over)

Other Coverage Information

On the day coverage begins will you or any of your eligible dependents be covered by any other insurance?
☐ Yes ☐ No If yes, please complete the information below. Use an additional sheet if more than one additional policy will be in force.

Coverage Type	Insurance Company Name	Phone Number	Group Number	Policy Number
☐ Medical / Medicare ☐ Dental ☐ Vision		(___ ___ ___) ___ ___ ___ - ___ ___ ___ ___		

Policy Coverage Dates	Policy Holder Name	Social Security Number
_____ to _____		___ ___ ___ - ___ ___ - ___ ___ ___ ___

Family Members Covered	Medicare Card Number	Effective Date
_____ _____ _____ _____		Part A: ___ ___ / ___ ___ / ___ ___ Part B: ___ ___ / ___ ___ / ___ ___

Flexible Spending Account Elections

If enrolling, fill in your election below and complete the HealthSmart Enrollment Form

Healthcare Spending Account
The amount you elect will be deducted in equal payments for the remainder of the calendar year.

Minimum Election: $100 / Maximum Election: $2,550
Annual Election: $_____ Per Pay (_____) Deduction $_____

Limited Purpose Healthcare Spending Account
Minimum Election: $100 / Maximum Election: $2,550
Annual Election: $_____ Per Pay (_____) Deduction $_____

Limited Purpose FSA is a reimbursement account specifically designed for individuals with a Health Savings Account (HSA). The IRS regulations state that an individual with an HSA cannot simultaneously have a general purpose FSA. However, they are allowed to participate in a limited purpose FSA. The difference between general FSA and Limited Purpose FSA is the eligible expenses. A Limited Purpose FSA plan only allows for reimbursements of Preventive Care, Post Deductible Expenses, Dental, and Vision.

Dependent Care Spending Account
Minimum Election: $100 / Maximum Election: $5,000 or $2,500 (married filing seperately)
Annual Election: $_____ Per Pay (_____) Deduction $_____

Health Savings Account Elections

If enrolling, fill in your election below and complete the AURA HSA Contribution Form

AURA annual contribution to each employee's Health Savings Account: $300 Single or Family
Contributions will be pro-rated based on enrollment month.

Maximum Single Election $3,350
Maximum Family Election $6,750
Includes employer and employee contributions
Catch Up Contribution - Policy Holders age 55 or older can contribute an additional $1,000

Health Savings Account Annual Election: $_____ Per Pay (_____) Deduction $_____

Voluntary Life and AD&D Insurance Elections

If enrolling, fill in your election below and complete the CIGNA Voluntary Life Application if you elect over the Guarantee Issue Amount

If you enroll within 31 days of your initial eligility, you are eligibile to elect up to the Guarantee Issue amount without providing evidence of good health. If you did not enroll for Voluntary Life within 31 days of your initial eligibility, you will need to provide evidence of good health in order to enroll.

During Open Enrollment, if you are currently enrolled for Voluntary Life under the Guarantee Issue Amount, you may increase your current amount by $10,000 not to exceed Guarantee Issue without providing evidence of good health.

Coverage Type	Supplemental Life Amount Elected	Supplemental AD&D Amount Elected	No Change	Waive
Employee Coverage	$_____	$_____	☐	☐
Dependent Spouse Coverage	$_____	$_____	☐	☐
Dependent Child(ren) Coverage	$_____	N/A	☐	☐

Certification and Authorization

I certify that all information on this form is true and complete to the best of my knowledge.

I understand that my Medical, Dental and Vision premiums and my Flexible Spending Account and/or Health Savings Account contributions will be deducted Pre-Tax.

- I may benefit from a decrease in my tax liability, however my payments into the Social Security System and my benefits under Social Security may also be reduced;
- During the course of the Plan Year (1/1/16 to 12/31/16), I may not increase, decrease, or eliminate any pre-tax payroll-deducted premiums unless I experience a related "change in status". Examples include marriage, divorce, death of spouse or child, birth or adoption of a child, loss of other coverage, or termination of your spouse's employment.

If you would prefer Post-Tax deductions please see Human Resources.

I understand that for Life and AD&D Insurance I must be actively at work in order for coverage to take effect and that coverage must be approved by CIGNA.

I authorize deductions for the required contributions from my earnings.

EMPLOYEE SIGNATURE:	DATE: