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| **2022 BENEFITS ENROLLMENT FORM** | |
| EFFECTIVE DATE:  REASON FOR COMPLETING THIS FORM:   * New Hire * Open Enrollment * Change in Family Status | |
| * Marriage * Birth, Adoption, or Custody Change * Dependent Becomes Ineligible | * Commencement or Termination of Spouse’s Employment * Divorce * Death |

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| 1. **EMPLOYEE INFORMATION** | | | | | |
| Employee Name (Last, First, M.I)  Bates-Beller, Mathurian, F | | | | | Employee No.: |
| Street Address:  821 Vickie Dr | | | | City, State, Zip:  Del City, Oklahoma, 73115 | |
| Birth Date:  05/10/1987 | | Hire Date:  05/09/2022 | Marital Status:  Single  Married  Legally Separated  Divorced  Widowed | | Home Phone:  405-412-4193 |
| Gender:  M | F | Job Title:  Technical Consultant | | Salary:  90,000.00 / yr | Social Security No:  447-96-7136 |

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| 1. **DEPENDENTS – I WOULD LIKE TO COVER THE FOLLOWING FAMILY MEMBERS:** | | | | |
| Spouse Name  Garrett W. Beller-Bates | SS#  447-08-7090 | DOB  01/20/1996 | Gender  M  F | Coverage  Medical  Dental  Vision  Voluntary Life |
| Child Name | SS# | DOB | Gender  M  F | Coverage  Medical  Dental  Vision  Voluntary Life |
| Child Name | SS# | DOB | Gender  M  F | Coverage  Medical  Dental  Vision  Voluntary Life |
| Child Name | SS# | DOB | Gender  M  F | Coverage  Medical  Dental  Vision  Voluntary Life |

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| 1. **MEDICAL – ALL SAVERS** | |
| Plans Bi-Weekly Rates (Please check one)  HP35003060  Employee Only: $0.00  Employee + Spouse: $0.00  Employee + Child(ren): $0.00  Employee + Family: $0.00  E20003060eLX  Employee Only: $26.97  Employee + Spouse: $57.72  Employee + Child(ren): $51.52  Employee + Family: $86.58  HP1500  Employee Only: $45.22  Employee + Spouse: $96.77  Employee + Child(ren): $86.36  Employee + Family: $145.15 | WAIVE |

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| 1. **DENTAL – GUARDIAN** | |
| Plans Bi-Weekly Rates (Please check one)  Guardian Dental  Employee Only: $14.45  Employee + Spouse: $31.36  Employee + Child(ren): $43.55  Employee + Family: $56.64 | WAIVE |

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| 1. **VISION – UNITED HEALTHCARE** | |
| Plans Bi-Weekly Rates (Please check one)  United Healthcare Vision  Employee Only: $2.73  Employee + Spouse: $5.19  Employee + Child(ren): $6.08  Employee + Family: $8.56 | WAIVE |

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| 1. **OPTIONAL EMPLOYEE / SPOUSE / CHILD(REN) LIFE INSURANCE - LINCOLN** | | | | | | | | |
| EMPLOYEE MAY ELECT TO UP TO A MAX OF $300,000 NOT TO EXCEED 5X BASIC ANNUAL EARNINGS.  $100K GUARANTEE ISSUED WITH NO MEDICAL QUESTIONNAIRES UNLESS ALREADY OFFERED PREVIOUSLY.  SUBMIT EOI FORM IF YOU ARE REQUESTING COVERAGE IN EXCESS OF $100K, OR REQUESTING ANYTHING AFTER PREVIOUSLY OFFERED. |  | |  |  |  |  |  |  |
|  | Benefit  Amount | | $20,000 | $50,000 | $75,000 | $100,000 |  |
|  | Election  Please check one | |  |  |  |  |  |
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| $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Amount of Coverage Requested | | | | | | | |
| Waive Coverage | | | | | | | |
| SPOUSE COVERAGE UP TO 50% OF EMPLOYEE’S ELECTED AMOUNT OR PLAN MAX OF $50,000, WHICHEVER IS LESS.  PLEASE SUBMIT EOI FORM IF YOU ARE REQUESTING COVERAGE IN EXCESS OF $20K OR PREVIOUSLY OFFERED AND DECLINED.  EMPLOYEE COVERAGE IS REQUIRED FOR SPOUSE TO ELECT COVERAGE | $\_\_\_\_$20,000\_\_\_\_\_ Other Amount of Coverage Requested  Waive Coverage | | | | | | | |
| CHILD(REN) COVERAGE UP TO 50% OF EMPLOYEE’S ELECTED AMOUNT OF PLAN MAX OF $10,000, WHICHEVER IS LESS. | $10,000 Requested  Waive Coverage | | | | | | | |

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| 1. **BENEFICIARY DESIGNATION – Please indicate person(s) you wish to designate as beneficiaries of your life insurance benefit.** | | | |
| PRIMARY BENEFICIARY – Note Benefit percentages must total 100% for all primary beneficiaries | | | |
| Full Name  Garrett Wade Beller-Bates | Social Security Number  447-08-7090 | Relationship to You  Spouse | % of Benefit  75 |
| Full Name  Linda Lucia Rusconi | Social Security Number  443-74-4627 | Relationship to You  Mother | % of Benefit  25 |

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| Signature: |  | Date | 20 August 2022 |
| *I hereby elect the benefit choices indicated above and authorize Quasius Investment Corp. to deduct from my bi-weekly wages the amount of my cost of the coverage’s designated. This authorization and the benefit choices above shall continue in effect until the next open enrollment unless a qualifying change in employment or family status occurs. I further understand that by electing coverage under this plan, I am authorizing Quasius Investment Corp. to deduct my contributions for Medical, Dental and Vision coverage before taxes are withheld.* | | | |