

## OnBase Software Systems, LLC Employee Benefits Enrollment Form

28500 Clemens Rd. • Westlake, OH 44145 • (440) 788-5000

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NAME: Garfield, James Abram		<b>SSN:</b> 311-11		OB: 11/19/1831
ADDRESS: 28501 Clemens Rd	We	stlake	OH	44145
HIRE DATE: 03/15/2000 EMPLOYEE STATUS: Full Time Non-Exempt				
PHONE: (433)657-3218  DEPARTMENT: Technical Support				
		EFFECTIVE DA	TE: 0	1/01/2015
Health Plan Coverage (Pre-Tax)				
X BCBS PPO X BCBS Network Blue	United Healt	h HMO 🔲 No	Coverage	
Dental Health Plan (Pre-Tax)  OTTC Dental Plan Dental Blue Freedom Plan  Dependent Information	an X No Coverag			
Name	DOB	SSN	Sex	Relationship
Lucretia Rudolph Garfield James Rudolph Garfield Eliza Arabella Garfield Harry Augustus Garfield Mary Garfield Irvine M. Garfield Abram Garfield Edward Garfield	04/19/1832 10/17/1865 08/23/1860 10/11/1863 01/20/1867 05/07/1870 06/29/1872 02/13/1874	111-22-3333 222-33-4444 333-44-5555 444-55-6666 555-66-777 666-77-8888 777-88-999 888-99-0000	F M F M F M M M	Spouse Child Child Child Child Child Child Child Child Child
Supplemental Life Insurance (After-Tax)			•	
One times salary 🔲 Two times salary 🔲 Three times salary 🔲 Four times salary 🔲 Five times salary 🔲 No coverage				
Supplemental Life Insurance is in addition to the Basic Life Insurance (one times annual base salary) that OSS provides at no cost to you. Coverage will be rounded to the next higher \$10,000. You must provide evidence of insurability for coverage above \$500,000.				
Reimbursement Accounts (Pre-Tax)(for employ	ees with an annual sal	ary of \$10,000 or more)		
Health Care Account:				
I elect to contribute \$ in total to my healt!	n care account. (Cani	ot exceed \$5,000)		Decline Participation
Dependent Care Account:				
I elect to contribute \$ in total to my dependent care account. (Cannot exceed \$5,000)			)	Decline Participation
I understand that pre-tax deductions will be made from my paycheck in equal amounts per pay period as indicated above, and that I will forfeit money not used for qualifying expenses incurred by December 31 for the Dependant Care Account; March 15 of the next plan year for the Health Care Account.				