

Benefits Enrollment Form

- ☐ New Enrollment (Waiting periods apply. Please refer to Benefits Handbook)
☐ Late Enrollment (Please refer to Benefits Handbook for rules on late enrollment)
☐ Open Enrollment (Waiting periods apply. Please refer to Benefits Handbook)
- ☐ Change:
☐ Coverage (Complete Parts A, B, C, D, F, G, H, I)
☐ Health Plan (Complete Parts A, B, D, H, I)
☐ Name (Complete Parts A, I)
☐ Life Insurance Beneficiary (Complete Parts A, E, F, I)
☐ Optional Life Insurance (Complete Parts A, F, I)

PART A Legal Marital Status: ☒ Married ☐ Not Married Sex: ☒ Male ☐ Female

Name: Brevin LAST FIRST MI Date of Birth: 08/16/1969 Employment Date: 02/09/2011

Address: 1800 Maple St. STREET OR P.O. BOX CITY STATE ZIP CODE TELEPHONE E-MAIL ADDRESS
Brighton MI 48122 (313) 837-1621 carlbrevin12@gmail.com

PART B MEDICAL INSURANCE COVERAGE ☒ Traditional PPO ☐ Deductible PPO ☐ HMO Name (Additional form required):

Please choose one of the following:
☐ Employee Only ☐ Employee & Child(ren) ☒ Employee & Family ☐ Employee & Spouse or Domestic Partner (Requires additional documentation and approval)
☐ I Decline Coverage

PART C DENTAL COVERAGE ☐ Employee Only ☒ Family ☐ I Decline Coverage VISION COVERAGE ☐ Employee Only ☒ Family ☐ I Decline Coverage

PART D DEPENDENTS - COMPLETE IN FULL - LIST ANY ADDITIONAL DEPENDENTS ON BACK OF THIS FORM

ADD DELETE	LAST NAME	FIRST NAME	MI	GENDER	SOCIAL SECURITY NUMBER	DATE OF BIRTH	RELATIONSHIP	TYPE OF COVERAGE
<input type="checkbox"/>	Brevin	Linda	I	F	375-61-1092	02/12/1972	wife	<input checked="" type="checkbox"/> Medical <input checked="" type="checkbox"/> Dental <input checked="" type="checkbox"/> Vision
<input type="checkbox"/>	Brevin	Sally	S	F	392-69-1897	04/15/1997	daughter	<input checked="" type="checkbox"/> Medical <input checked="" type="checkbox"/> Dental <input checked="" type="checkbox"/> Vision
<input type="checkbox"/>	Brevin	Tony	N	M	397-53-5212	04/01/2000	son	<input checked="" type="checkbox"/> Medical <input checked="" type="checkbox"/> Dental <input checked="" type="checkbox"/> Vision

PART E BENEFICIARY DESIGNATION - BASIC LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE*

NAME: Linda Brevin PERCENT: 100 RELATIONSHIP: wife DATE OF BIRTH: 2/12/1972 ADDRESS: 1800 Maple St. Brighton, MI 48122

Primary-Class 1 Contingent-Class 2
☒ Primary ☐ Contingent
☐ Primary ☐ Contingent

*IMPORTANT: Please list your beneficiaries for your Basic Life and AD&D insurance. List additional beneficiaries on back of this form. Benefit is payable to contingent beneficiary ONLY if all primary beneficiaries are deceased. (If a class of beneficiaries contains more than one person, the benefit is apportioned equally unless specified otherwise.)

PART F OPTIONAL LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

Employee Paid - Submit within 60 days of hire or medical statement required Multiple of earnings ☒ 1X ☐ 2X ☐ 3X ☐ 4X ☒ 5X ☐ 6X ☐ 7X

List additional beneficiaries on back of this form. Beneficiaries will be the same as for Basic Life (Part E), unless you list different beneficiaries on the back of this form.

PART G DEPENDENT OPTIONAL LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE ☒ I Elect Coverage (Additional form required) ☐ I Decline Coverage

PART H MEDICAL INSURANCE PLAN CHANGE Date of change: ☒ I Elect Coverage (Additional form required) ☐ I Decline Coverage

☐ Open Enrollment From: ☐ Traditional PPO ☐ Deductible PPO ☐ HMO Plan ☐ Decline Coverage

☐ Moving out of area ☐ Decline Coverage

PART I I hereby authorize deductions from my salary of the amount required, if any, for the insurance indicated. This authorization will be in effect until revoked in writing. Medical and dental insurance deduction is paid on a pre-tax basis unless a waiver form is submitted. (See Benefits Handbook for pre-tax medical insurance deduction information.)

EMPLOYEE SIGNATURE: Carl Brevin DATE: 6/19/17

Health Effective Date: Dental Effective Date: Vision Effective Date: Basic Life/AD&D Effective Date: Optional Life/AD&D Effective Date: MYS DBL Effective Date: LTD Effective Date: Campus Location: