SynOligo BIOTECHNOLOGIES

Benefit Enrollment Form

1, Employee Information

First and Last Name

Sex SSN DOB

Phone Personal E-mail

Street Address

City State Zip Code

2, Family Information (if enrolling)

Spouse/Partner

Sex SSN DOB

Child 1

Sex SSN DOB

Child 2

Sex SSN DOB

Child 3

Sex SSN DOB

3, Medical Plan Election

Copay (Co) and High deductible (HD) plan

- ◯ Co - EE only
- ◯ Co - EE + spouse
- ◯ Co - EE + child(ren)
- ◯ Co - Family
- ◯ HD - EE only
- ◯ HD - EE+spouse
- ◯ HD - EE+child(ren)
- ◯ HD - Family
- ◯ Decline

Note

4, Dental and Vision Plan Election

Dental

- ◯ Ee only
- ◯ Ee + spouse
- ◯ Ee + child(ren)
- ◯ Family
- ◯ Decline

Note

Vision
- ◯ Ee only
- ◯ Ee + spouse
- ◯ Ee + child(ren)
- ◯ Family
- ◯ Decline

Note

5, FSA and HSA Election

FSA Medical contribution limit per year (only copay plan qualify)

FSA Dependent Care contribution limit per year (either medical plan qualify)

Limited purpose FSA contribution limit per year (for either medical plan, can only have either this or FSA Medical)

HSA (Only if selected HD Plan)

6, Basic Life, AD&D, STD, LTD Election

Basic Life and AD&D
- ◉ Elected

STD
- ◉ Elected

LTD
- ◉ Elected

Voluntary Dependent Basic life (paid by employee)
- ◯ Spouse
- ◯ Child(ren)
- ◯ Family
- ◯ Decline

Buy-up Life and AD&D (paid by employee)
- ◯ Ee only
- ◯ Ee + spouse
- ◯ Ee + child(ren)
- ◯ Family
- ◯ Decline

Buy-up Amount for Employee

Buy-up Amount for Spouse

7, Voluntary Plan Election

Voluntary Accident (paid by employee)

Voluntary Hospital Indemnity (paid by employee)

Voluntary Critical Illness (paid by employee)

Pick one
- ◯ $5k
- ◯ $10k
- ◯ not applicable

Pick one
- ◯ non-smoker
- ◯ smoker
- ◯ not applicable