Benefit Election Summary

Fill in the worksheet below to help you prepare for your enrollment session. **Please note, this worksheet is for reference purposes only; it is NOT an enrollment form.** You must enroll through a benefits counselor during your enrollment session. Your counselor will also provide rates for each of the benefits available and will help you calculate your total pay period deduction amount.

Please also come prepared with the Social Security numbers, dates of birth and addresses for any dependents.

PLAN	ENROLL OR WAIVE	ADDITIONAL INFORMATION	PER PAY PERIOD DEDUCTION
Medical Insurance ☐ Perdue Health Plan	☐ Enroll ☐ Waive	☐ Associate Only ☐ Associate + Spouse ☐ Associate + 1 Child ☐ Associate + Family	$ _____
Dental Insurance ☐ Basic Plan ☐ Dental Plus Plan ☐ Dental Plus with Orthodontia	☐ Enroll ☐ Waive	☐ Associate Only ☐ Associate + 1 ☐ Associate + Family	$ _____
Vision Insurance	☐ Enroll ☐ Waive	☐ Associate Only ☐ Associate + 1 ☐ Associate + Family	$ _____
Basic Life Insurance	N/A	☐ Associate Only	100% Company-paid
Accidental Death & Dismemberment Insurance	☐ Enroll ☐ Waive	Associate Coverage Amount $ _____	$ _____
Optional Life Insurance	☐ Enroll ☐ Waive	Associate Coverage Amount $ _____	$ _____
Dependent Life Insurance	☐ Enroll ☐ Waive	Spouse Coverage Amount $ _____ Child Coverage Amount $ _____	$ _____
Short Term Disability Insurance	☐ Enroll ☐ Waive	☐ Associate Only	$ _____
Long Term Disability Insurance	☐ Enroll ☐ Waive	☐ Associate Only	$ _____
Health Care Flexible Spending Accounts	☐ Enroll ☐ Waive	Annual Contribution: $ _____ *(Maximum Contribution Amount $2,500)*	$ _____
Dependent Care Flexible Spending Account	☐ Enroll ☐ Waive	Annual Contribution: $ _____ *(Maximum Contribution Amount $5,000)*	$ _____
Employee Assistance Program (EAP)	N/A	☐ Covers Associate and All Family Members	100% Company-paid
TOTAL PAY PERIOD DEDUCTION AMOUNT			$ _____