



# 2021 BENEFITS ELECTION FORM

Refer to 2021 Benefits Guide on [www.GatesHealth.com](http://www.GatesHealth.com) for full plan details & premium rates.

## EMPLOYEE INFORMATION

Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ / \_\_\_\_\_ Zip: \_\_\_\_\_

## ENROLLMENT ELECTIONS

### MEDICAL

	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
CDHP1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CDHP2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PPO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <b>DECLINE MEDICAL</b>				

### HEALTH SAVINGS ACCOUNT

**\*\*Only applies if you are enrolled in a CDHP plan\*\***

Elect	Amount (Per Pay)	Amount (Annual)
<input type="checkbox"/>	\$ _____	\$ _____
	(Fill in either Per-Pay or Annual Amount)	

**DECLINE HEALTH SAVINGS ACCOUNT**

*see Benefits Guide for limits*

### FLEXIBLE SPENDING ACCOUNTS

	Elect	Amount
Healthcare FSA <i>(only if not in CDHP medical plan)</i>	<input type="checkbox"/>	Annual \$ _____
Limited Purpose FSA <i>(only if enrolled in CDHP medical plan)</i>	<input type="checkbox"/>	Annual \$ _____
Dependent Care FSA <i>(available to all employees)</i>	<input type="checkbox"/>	Annual \$ _____
Parking FSA <i>(only for Denver &amp; CSC employees)</i>	<input type="checkbox"/>	Monthly \$ _____

*see Benefits Guide for limits*

**DECLINE HEALTHCARE FSA**

**DECLINE DEPENDENT CARE FSA**

**DECLINE LIMITED PURPOSE FSA**

**DECLINE PARKING FSA**

### DENTAL

	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
HIGH PLAN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LOW PLAN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <b>DECLINE DENTAL</b>				

### VISION

	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <b>DECLINE VISION</b>				

### ACCIDENT & CRITICAL ILLNESS

	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
<b>ACCIDENT</b>				
HIGH PLAN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LOW PLAN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <b>DECLINE ACCIDENT</b>				

### CRITICAL ILLNESS

	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
HIGH PLAN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LOW PLAN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <b>DECLINE CRITICAL ILLNESS</b>				

## ENROLLMENT ELECTIONS CONT.

### LEGAL

Elect

**DECLINE LEGAL**

### LONG TERM DISABILITY BUY UP

Elect

**DECLINE LTD BUY UP**

### SUPPLEMENTAL LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (EMPLOYEE)

**\*\*Evidence of Insurability may be required\*\***

Supplemental Life

Supplemental AD&D

**1X ANNUAL SALARY**

**2X ANNUAL SALARY**

**3X ANNUAL SALARY**

**4X ANNUAL SALARY**

**DECLINE EMPLOYEE SUPPLEMENTAL LIFE**

**DECLINE EMPLOYEE SUPPLEMENTAL AD&D**

### SUPPLEMENTAL LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (SPOUSE)

**Must be enrolled in Employee Supplemental Life/AD&D of equal or greater amount to elect this benefit.**

**\*\*Evidence of Insurability may be required\*\***

Elect

Amount

**Supplemental Life**

\$ \_\_\_\_\_

**Supplemental AD&D**

\$ \_\_\_\_\_

**DECLINE SPOUSE SUPPLEMENTAL LIFE**

*\$10,000 up to max of \$100,000 - must be in \$10,000 increments*

**DECLINE SPOUSE SUPPLEMENTAL AD&D**

### SUPPLEMENTAL LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (CHILD/REN)

**Must be enrolled in Employee Supplemental Life/AD&D of equal or greater amount to elect this benefit.**

Supplemental Life

Supplemental AD&D

**\$10,000 Benefit**

**\$20,000 Benefit**

**\$30,000 Benefit**

**DECLINE CHILD(REN) SUPPLEMENTAL LIFE**

**DECLINE CHILD(REN) SUPPLEMENTAL AD&D**

## DEPENDENT INFORMATION

*If you have more than 3 child dependents, attach additional page with this information for each additional child.*

*If you are enrolling your spouse/child and he/she is also a Gates employee, contact your local HR representative or [BenefitsSupport@gates.com](mailto:BenefitsSupport@gates.com) for assistance.*

RELATIONSHIP	LEGAL NAME	GENDER	DATE OF BIRTH	SOCIAL SECURITY #
SPOUSE				
CHILD				
CHILD				
CHILD				
CHILD				

## SIGNATURE

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_