



# HUMAN RESOURCES

## BENEFITS ELECTION FORM

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

### Employee information

Employee Name:

Employee ID:

Date of Event:

(date of hire, qualifying life event date)

### Reason for Event

I am a new employee/newly eligible

I want to remove dependents

I want to add dependents

I have lost/gained coverage

### Medical Coverage

CDHP1  
CDHP2  
PPO  
Decline coverage

#### Coverage Level

Employee Only  
Employee + Spouse  
Employee + Children  
Family

### Health Savings Account

(eligible only for employees on CDHP plans)

Employee  
Employee + Dependents  
Decline coverage

#### Coverage Level

Amount: / year

### Flexible Spending Accounts

Medical FSA (PPO only)  
Limited Purpose FSA (CHDP only)  
Dependent Care FSA  
Parking FSA (Denver & CSC only)  
Decline coverage

#### Coverage Level

Amount: / year  
Amount: / year  
Amount: / year  
Amount: / year

### Dental Coverage

High (2)  
Low (1)  
Decline Coverage

#### Coverage Level

Employee Only  
Employee + Spouse  
Employee + Children  
Family

### Vision Coverage

Decline coverage

#### Coverage Level

Employee Only  
Employee + Spouse  
Employee + Children  
Family

### Identity & Fraud Coverage

Elect Coverage  
Decline Coverage

#### Coverage Level

Employee Only  
Employee + Dependents

### Legal Coverage

Elect Coverage

Decline Coverage

### Accidental Coverage

High  
Low  
Decline coverage

#### Coverage Level

Employee Only  
Employee + Spouse  
Employee + Children  
Family

### Critical Illness Coverage

High  
Low  
Decline coverage

#### Coverage Level

Employee Only  
Employee + Spouse  
Employee + Children  
Family

### Hospital Indemnity Coverage

#### Coverage Level

Elect Coverage  
Decline coverage

Employee Only  
Employee + Spouse  
Employee + Children  
Family

### Long Term Disability Coverage (Buy Up)

Elect Coverage  
Decline coverage

### Employee Supplemental Life Coverage

1x Annual Salary  
2x Annual Salary  
3x Annual Salary  
4x Annual Salary  
Decline Coverage

### Employee Supplemental AD&D Coverage

1x Annual Salary  
2x Annual Salary  
3x Annual Salary  
4x Annual Salary  
Decline Coverage

### Spousal Supplemental Life Coverage

Elect coverage  
Amount:

Decline coverage

### Spousal Supplemental AD&D Coverage

Elect coverage  
Amount:

Decline coverage

\*Must be enrolled in Employee Supplemental Life and AD&D of equal or greater value than spouse to elect this benefit. Evidence of insurability may be required.  
Coverage: \$10,000 up to max of \$100,000 - must be in \$10,000 increments

### Child Supplemental Life Coverage

\$10,000  
\$20,000  
\$30,000  
Decline coverage

### Child Supplemental AD&D Coverage

\$10,000  
\$20,000  
\$30,000  
Decline coverage

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

## Dependent Information

RELATIONSHIP	LEGAL NAME	GENDER	DATE OF BIRTH	SOCIAL SECURITY #

I acknowledge that the selections made above are accurate and reflect my desired benefits.

Date:

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