



2026 BENEFITS ELECTION FORM

Refer to 2026 Benefits Guide on 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 change my HSA contribution

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

/ year

*When calculating your annual HSA contribution, include company contributions to avoid exceeding the maximum.

Flexible Spending Accounts

Medical FSA (PPO only)

Limited Purpose FSA (CDHP only)

Dependent Care FSA

Parking FSA (Denver & CSC only)

Decline coverage

Coverage Level

Amount: / monthly

Amount: / monthly

Amount: / monthly

Amount: / monthly

Dental Coverage

High (2)

Low (1)

Decline Coverage

Coverage Level

Employee Only

Employee + Spouse

Employee + Children

Family

*If you leave your job, any unused FSA funds are forfeited. Submit all eligible claims before your last day of employment.

Identity & Fraud Coverage

Elect Coverage

Decline Coverage

Coverage Level

Employee Only

Employee + Dependents

Vision Coverage

Elect coverage

Decline coverage

Coverage Level

Employee Only

Employee + Spouse

Employee + Children

Family

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

Elect Coverage
Decline coverage

- Coverage Level**
- Employee Only
- Employee + Spouse
- Employee + Children
- Family

Long Term Disability Coverage (Buy Up)

Elect Coverage
Decline coverage

Increase your basic LTD coverage from \$5,000 to \$6,000

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

Decline coverage

Amount:

Spousal Supplemental AD&D Coverage

Elect coverage **Decline coverage**

Amount:

*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

*Must complete dependent verification through IVerifyPro or coverage will be dropped.

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

Submit this form to benefitssupport@gates.com or your local HR within 30 days of the event.