



BENEFITS ENROLLMENT INSTRUCTION SHEET

Effective 1/1/2023

Newly Eligible Employee Elections

You must make your benefit selections within 30 days of your hire date or transfer to eligible, full time employment status. Elections must be done through your online Oracle account, unless you are provided this form for a special, approved circumstance that prevents/ed you from completing the online enrollment process. *This form is not a replacement or alternative for online enrollment.*

Mid-Year Qualifying Life Event Elections (QLE)

Certain events throughout the year qualify you to make changes to your benefit elections consistent with your QLE. You will need to submit the attached form and provide certain documentation within 30 days of the QLE effective date. Changes associated with the QLE will be effective the first of the month following the QLE effective date or first of the month following date of notification to Gates HR, whichever is later. The exceptions to this are birth and death which result in immediate coverage change as of the date of the event. View the list of qualifying life events and the documentation provided below.

You must submit this fully completed form and all required documentation listed below before your request will be processed.

Birth, Adoption, or Legal Guardianship	<ul style="list-style-type: none"> • Birth Certificate* • Adoption Record or Placement for Adoption • Legal Guardianship Document • Court Order or Child Support Order
Death	<ul style="list-style-type: none"> • Death Certificate* or Public notice of death
Marriage	<ul style="list-style-type: none"> • Marriage Certificate
Divorce	<ul style="list-style-type: none"> • Divorce Decree
Loss of Other Coverage	<ul style="list-style-type: none"> • Letter or document from employer stating the employer changed, dropped or will drop coverage or benefits for the employee, spouse or dependent, including the date coverage ended or will end
Gain of Other Coverage	<ul style="list-style-type: none"> • Letter or a confirmation statement that the spouse has obtained employer coverage elsewhere. This needs to detail the employer's name and date of new coverage.
Employees who turn 26	<ul style="list-style-type: none"> • Proof of prior qualifying health coverage and the date of termination of coverage.
Enrollment in Medicare or Medicaid	<ul style="list-style-type: none"> • proof of new coverage with effective date.

* We understand that some certificates could take longer than the 30-day window. Please provide us with the Benefits Enrollment Form and inform us of the date of event within 30 days. Once the certificate has been obtained, please forward to benefitssupport@gates.com.

Dependent Verifications Through Consova

Gates utilizes a secure, third party provider, Consova, for all dependent verifications. Within a few weeks of your benefits start date, Consova will contact you directly via mail to your home address with instructions on accessing their secure online portal and details about the documentation you are required to provide for your newly enrolled dependents. Consova will determine the eligibility of your dependents based on Gates' eligibility requirements. To get more information about Consova or the eligibility requirements, please view the 2023 Benefits Guide found on www.GatesHealth.com.



2023 BENEFITS ELECTION FORM

Refer to 2023 Benefits Guide on www.GatesHealth.com for full plan details & premium rates.

EMPLOYEE INFORMATION

Name: _____ Employee ID: _____

Address: _____ City/State: _____ / _____ Zip: _____

Qualifying Event/Reason for Benefits Change: _____ Date of Event: _____

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"/> DECLINE MEDICAL				

HEALTH SAVINGS ACCOUNT

****Only applies if you are enrolled in a CDHP plan****
(Through Gates OR another high deductible plan)

	Family	Individual	Amount (Per Pay)	Amount (Annual)
	<input type="checkbox"/>	<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	(only if not in CDHP medical plan)	<input type="checkbox"/>	Annual \$ _____
Limited Purpose FSA	(only if enrolled in CDHP medical plan)	<input type="checkbox"/>	Annual \$ _____
Dependent Care FSA	(available to all employees)	<input type="checkbox"/>	Annual \$ _____
Parking FSA	(only for Denver & CSC employees)	<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"/> DECLINE DENTAL				

VISION

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

ACCIDENT & CRITICAL ILLNESS

	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
ACCIDENT				
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"/> DECLINE ACCIDENT				
CRITICAL ILLNESS				
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"/> DECLINE CRITICAL ILLNESS				

ENROLLMENT ELECTIONS CONT.

LEGAL

Elect

DECLINE LEGAL

IDENTITY PROTECTION PLAN

Employee Only

Family

DECLINE ID PROTECTION

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 for assistance.

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

SIGNATURE

Employee Signature _____

Date _____