



# 2024 BENEFITS ELECTION FORM

Refer to 2024 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: \_\_\_\_\_

Qualifying Event/Reason for Benefits Change: \_\_\_\_\_ Date of Event: \_\_\_\_\_

## ENROLLMENT ELECTIONS

### MEDICAL

	<u>Employee Only</u>	<u>Employee + Spouse</u>	<u>Employee + Child(ren)</u>	<u>Family</u>
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\*\***  
(Through Gates OR another high deductible plan)

	<u>Family</u>	<u>Individual</u>	<u>Amount</u> <u>(Per Pay)</u>	<u>Amount</u> <u>(Annual)</u>
	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
<input type="checkbox"/> <b>DECLINE HEALTH SAVINGS ACCOUNT</b>				

*(Fill in either Per-Pay or Annual Amount)*  
*see Benefits Guide for limits*

### FLEXIBLE SPENDING ACCOUNTS

		<u>Elect</u>	<u>Amount</u>
<b>Healthcare FSA</b>	<i>(only if not in CDHP medical plan)</i>	<input type="checkbox"/>	Annual \$ _____
<b>Limited Purpose FSA</b>	<i>(only if enrolled in CDHP medical plan)</i>	<input type="checkbox"/>	Annual \$ _____
<b>Dependent Care FSA</b>	<i>(available to all employees)</i>	<input type="checkbox"/>	Annual \$ _____
<b>Parking FSA</b>	<i>(only for Denver &amp; CSC employees)</i>	<input type="checkbox"/>	Monthly \$ _____
<i>see Benefits Guide for limits</i>			
<input type="checkbox"/> <b>DECLINE HEALTHCARE FSA</b>		<input type="checkbox"/> <b>DECLINE DEPENDENT CARE FSA</b>	
<input type="checkbox"/> <b>DECLINE LIMITED PURPOSE FSA</b>		<input type="checkbox"/> <b>DECLINE PARKING FSA</b>	

### DENTAL

	<u>Employee Only</u>	<u>Employee + Spouse</u>	<u>Employee + Child(ren)</u>	<u>Family</u>
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

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

### LEGAL

	<u>Elect</u>
	<input type="checkbox"/>
<input type="checkbox"/> <b>DECLINE LEGAL</b>	

### IDENTITY AND FRAUD PROTECTION PLAN

	<u>Employee Only</u>	<u>Family</u>
	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <b>DECLINE ID PROTECTION</b>		

**ENROLLMENT ELECTIONS CONT.**

**ACCIDENT, CRITICAL ILLNESS, HOSPITAL INDEMNITY**

	<u>Employee Only</u>	<u>Employee + Spouse</u>	<u>Employee + Child(ren)</u>	<u>Family</u>
<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>				
<b>CRITICAL ILLNESS</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 CRITICAL ILLNESS</b>				
<b>HOSPITAL INDEMNITY</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <b>DECLINE HOSPITAL INDEMNITY</b>				

**LONG TERM DISABILITY BUY UP**

Elect

**DECLINE LTD BUY UP**

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

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

	<u>Supplemental Life</u>	<u>Supplemental AD&amp;D</u>
1X ANNUAL SALARY	<input type="checkbox"/>	<input type="checkbox"/>
2X ANNUAL SALARY	<input type="checkbox"/>	<input type="checkbox"/>
3X ANNUAL SALARY	<input type="checkbox"/>	<input type="checkbox"/>
4X ANNUAL SALARY	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <b>DECLINE EMPLOYEE SUPPLEMENTAL LIFE</b>		
<input type="checkbox"/> <b>DECLINE EMPLOYEE SUPPLEMENTAL AD&amp;D</b>		

**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\*\**

	<u>Elect</u>	<u>Amount</u>
Supplemental Life	<input type="checkbox"/>	\$ _____
Supplemental AD&D	<input type="checkbox"/>	\$ _____
<input type="checkbox"/> <b>DECLINE SPOUSE SUPPLEMENTAL LIFE</b>		
<input type="checkbox"/> <b>DECLINE SPOUSE SUPPLEMENTAL AD&amp;D</b>		

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

**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.*

	<u>Supplemental Life</u>	<u>Supplemental AD&amp;D</u>
\$10,000 Benefit	<input type="checkbox"/>	<input type="checkbox"/>
\$20,000 Benefit	<input type="checkbox"/>	<input type="checkbox"/>
\$30,000 Benefit	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <b>DECLINE CHILD(REN) SUPPLEMENTAL LIFE</b>		
<input type="checkbox"/> <b>DECLINE CHILD(REN) SUPPLEMENTAL AD&amp;D</b>		

**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 \_\_\_\_\_