DLP Services

Enrollment Form (Non-SCA)
December 1, 2021 – November 30, 2022

Employee Information			
Name (First, Middle Initial, Last):	**Social Security:**	**Gender:**	**Date of Birth:**
Address:	**City:**	**State:**	**Zip:**
Phone No.:	**Location:**	**Marital Status:**	
Hours Worked per week:	**Salary:**	**Occupation:**	**Date of Hire:**

Enrollment (check reason):	**Change (check reason):**
☐ **New Employee**	☐ **Add Dependent(s)**
☐ **Open Enrollment**	☐ **Remove Dependent(s)**
☐ **COBRA/ State Continuation**	☐ **Family Status Change (check one):** ☐ **Marriage** ☐ **Birth** ☐ **Divorce** ☐ **Death** ☐ **Spouse Employment Status** ☐ **Termination/Reduction in Hours** ☐ **Adoption/Foster Care** ☐ **Other:**_____
☐ **Change in family status (complete the reason)**	**Date of Event:**

Dependent Information – Complete **ALL** boxes for each dependent. Please note that Social Security Numbers for each dependent enrolled are required to comply with the Centers of Medicare and Medicaid Services (CMS) Medicare Secondary Payer program.

Dependent Name (First, Middle Initial, Last)	**Relationship**	**Gender**	**Social Security No.**	**Date of Birth**
	Spouse	☐ Male ☐ Female		
	Child	☐ Male ☐ Female		
	Child	☐ Male ☐ Female		
	Child	☐ Male ☐ Female		
	Child	☐ Male ☐ Female		
	Child	☐ Male ☐ Female		

The rates for all of the plans listed below are the amounts you will pay per paycheck.

MEC	**Employee Only**	**Employee + Spouse**	**Employee + Child(ren)**	**Employee + Family**
Basic MEC	☐ Elect - $32.88	☐ Elect - $49.93	☐ Elect - $53.96	☐ Elect - $71.02
Enhanced MEC	☐ Elect - $55.38	☐ Elect - $93.36	☐ Elect - $92.27	☐ Elect - $130.84
☐ **I decline coverage - Reason: ☐ Other coverage ☐ Cost ☐ Other:** _____				

Dental – MetLife	**Employee Only**	**Employee + Spouse**	**Employee + Child(ren)**	**Employee + Family**
Dental PPO	☐ Elect - $11.43	☐ Elect - $22.45	☐ Elect - $30.74	☐ Elect - $41.76
☐ **I decline coverage - Reason: ☐ Other coverage ☐ Cost ☐ Other:** _____				

Vision – MetLife	**Employee Only**	**Employee + Spouse**	**Employee + Child(ren)**	**Employee + Family**
Vision Plan	☐ Elect - $3.83	☐ Elect - $8.80	☐ Elect - $9.75	☐ Elect - $17.60
☐ **I decline coverage - Reason: ☐ Other coverage ☐ Cost ☐ Other:** _____				

Life & AD&D – MetLife	
☐ **Voluntary Employee Life / AD&D**	**Coverage Amount:_____ ($10,000 increments to $500,000) Over $100,000 requires EOI** **Cost per pay period:** _____ See Benefit Booklet for Age Bracket Rates
☐ **Voluntary Spouse Life / AD&D**	**Coverage Amount:_____($5,000 increments to $100,000) Over $25,000 requires EOI** **Cost per pay period:**_____ See Benefit Booklet for Age Bracket Rates
☐ **Voluntary Child(ren) Life / AD&D**	**Coverage Amount:** *$10,000* **Cost:** *$1.00* **(No EOI required)**
☐ **I decline Voluntary Employee Life Coverage**	☐ **I decline Voluntary Spouse Life coverage**
	TOTAL LIFE & AD&D DEDUCTION: _____

Life Beneficiaries	Name	Relationship	Percentage (Total must equal 100%)
☐ **Primary**			
☐ **Primary**			
☐ **Primary**			
☐ **Contingent (Secondary)**			
☐ **Contingent (Secondary)**			
☐ **Contingent (Secondary)**			

Acknowledgement

Open Enrollment Acknowledgement: I have reviewed the 2022 Benefits Open Enrollment materials and understand the information presented regarding my benefit options under DLP Services Health & Welfare Benefits Plan, I understand I have the right to have my employer redirect my salary and apply this amount toward the purchase of the benefits in which I have elected to participate. I acknowledge that my pre-tax elections *cannot* be changed once the plan year has begun unless there is a Qualified Life Event. A Qualified Life Event includes changes in marital status, changes regarding dependents, changes in employment status, changes in residence or work site or a dependent ceasing to satisfy the eligibility conditions for coverage. If I do not accept this process for my pre-tax contributions, then I must notify Human Resources in writing within 30 days of my eligibility date.

By signing below, I am representing that the information I have provided on this form is true and correct to the best of my knowledge.

Print Name: _____ Date: _____

Signature: _____