

Employee Benefits Overview

Employee Name _____

Social Security # _____ Hire Date _____

Eligible Date _____ Birthday _____

Please circle your benefit choices below.

(EO=Employee Only, ES=Employee/Spouse, EC=Employee/Children, F=Family, I= Interested, NI = Not Interested)

Health Insurance (BCBS) Life Insurance (Mutual of Omaha)
PPO-Core: EO ES EC F NI Employee Only
PPO-Buy-up: EO ES EC F NI

Dental Insurance (GPA) 401K (CitStreet)
EO ES EC F NI I (Please send me the 401k book)
NI (I waive interest at this time)

Vision Insurance (Spectera) E (Enrolled - deduction % _____)
EO ES EC F NI

By completing this form, it does not enroll you in coverage. This form can be used to waive previous choices of coverage. Separate enrollment forms must be completed to enroll in coverage.

Most changes can not occur until the next open enrollment unless you met one of the five 'life-changing events'. Open enrollment is in January each year.

I understand that I will be charged benefits deductions from my payroll check each week starting in the month I am eligible and elect coverage. I also understand that if I modify my coverage, my benefit deductions will also change accordingly.

If my employment with Andrews Logistics ceases, I understand my coverage will continue to the end of the month in which I was employed. I understand I will be deducted for the balance of the deductions for the month I will be covered from my final check.

I acknowledge that the above information is true to the best of my knowledge. I also agree that I did receive the information, or sought out the information on benefits I waived coverage on. The information above will show my level of coverage throughout the year, unless I complete a new form which will supersede this form.

Signature: _____ Date: _____

HIPAA Statement

HIPAA Security regulations state that for security purposes only authorized persons will be able to call to ask benefit questions other than the Andrews employee. Please use the following lines to authorize anyone other than the employee to call regarding benefit questions/concerns. It is assumed a parent makes the decisions for a dependant child so they do not need to be listed.

(Authorized Name) _____ (Relationship to the employee)