Choose your plan: SuperMed PPO Medical Mutual High Deductible Health Plan CLE Care HMO WAIVE Choose your coverage level: Employee Only Employee + Child(ren) Employee + Spouse/Equivalent* Family*										2020	
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Brith Date: Gender: M F Date of Marriage:							_				
Birth Date: Gender: M F Date of Marriage:											
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LIFE INSURANCE COVERAGE	Medical evidence of insurability may be required for supplemental elections.				
SUPPLEMENTAL LIFE AND AD/D COVERAGE	DEPENDENT LIFE (After-tax benefit)				
(Max coverage allowed is 3 x salary, but not more than \$500,000.)					
1.0X	\$5,000 Spouse/\$1,000 Child(ren) \$1.00/month				
1.5X	\$10,000/Spouse/\$2,000 Child(ren) \$2.00/month				
2.0X	WAIVE				
2.5X					
3.0X					
\$50,000					
WAIVE					
PREPAID LEGAL (After-tax benefit)	IDENTITY PROTECTION (After-tax benefit)				
MetLife Legal	Norton LifeLock Employee Only				
WAIVE	Norton LifeLock Family				
	WAIVE				
SAVINGS ACCOUNTS					
Flexible Spending Account (FSA)	Dependent Care Spending Account (DCSA)				
FSA minimum <u>annual</u> contribution is \$120; maximum of \$3,400 per year for Health Care	DCSA maximum is \$2,500 per year for individuals; \$5,000 per year if married filing separate tax returns				
Health Care Flexible Spending Account	Dependent Care Flexible Spending Account				
Annual pledge	Annual pledge				
WAIVE	WAIVE				
Health Savings Account (HSA)					
Available only if enrolling in the High Deductible Health Plan. The annual maximum is \$4,400 per year for individuals; \$8,750 per year for families					
Health Savings Account					
Annual pledge					
WAIVE					
PARTICIPANT SIGNATURE					
I understand that by signing and submitting this form within election concerning my benefits until such time as I elect n Signature:	ew coverage and sign a new form.				
Date:					
Return completed enrollment form and associated carrier ap	oplications to HR Service Center, 320 Crawford Hall, LC 7047				
CWRU BENEFITS ADMINISTRATION					
Date of Hire	Coverage Effective Date				
Life Insurance Beneficiary Form received	WSP Election Form received				
Wellness Incentive Forms received	VSP entered				
Meritain FSA/DCSA entered	Healthy Equity entered				
Benefits Coordinator Initial Complete	Date Entry Complete				