

Benefit Enrollment Worksheet						
List yours (and your dependents') information below.				✓ Medical (eligible to age 26)	✓ Dental (eligible to age 23)	Medicare Claim # (if enrolled)
Last Name	First Name	Date of Birth	Social Security #			
2025 Flexible Spending Account (FSA):						
Medical FSA College Maximum \$2,650		\$				
Dependent Care FSA \$5,000 for married couples filing jointly, or \$2,500 for each individual FSA if you each have a separate account.		\$				
Vision Insurance by EyeMed <i>New for 2025</i>						
(S)ingle \$2.48, (F)amily \$6.33 per pay period or (W)aive						
✓ Long-Term Disability (employee only benefit)						

## Group Term Life Insurance

✓ Basic Life 2.5 x salary 50% /50%, Employee / Employer		
Optional life - increments of \$10,000 (Maximum guarantee issue \$350,000)	\$	
✓ Spouse life (Maximum guarantee issue \$50,000)		
✓ Child life (\$10,000 benefit)		

**Beneficiary Designation (individuals other than those listed as dependents)**

Last Name	First Name	Relationship	Primary or Secondary (Contingent)	Benefit Percentage%
<b>Address:</b>				
<b>Address:</b>				
<b>Address:</b>				
<b>Address:</b>				
<b>Address:</b>				
<b>Address:</b>				