

International Employee Benefits Enrollment Form

Employee Paid Life (EPL)

Accidental Death & Dismemberment (AD&D)

Flexible Spending Accounts (FSA)

Please complete the following information if you plan to enroll in EPL insurance, AD&D insurance, and/or FSAs. Sign, date, and return the completed form to MSU Human Resources (address on page 2). Learn more about these benefits on the HR website (hr.msu.edu).

Personal Information Please print clearly			
Name (Last, First, Middle Initial)	Social Security Number	Home Phone	Work Phone

Employee Paid Life			
Employee	Spouse	Child(ren)	
<input type="checkbox"/> Cancel All Coverage	<input type="checkbox"/> No Coverage	<input type="checkbox"/> No Coverage	
<input type="checkbox"/> 1X Salary	<input type="checkbox"/> 10,000	<input type="checkbox"/> 5,000	
<input type="checkbox"/> 2X Salary	<input type="checkbox"/> 25,000	<input type="checkbox"/> 10,000	
<input type="checkbox"/> 3X Salary	<input type="checkbox"/> 50,000	<input type="checkbox"/> 15,000	
<input type="checkbox"/> 4X Salary	<input type="checkbox"/> 75,000	<input type="checkbox"/> 20,000	
<input type="checkbox"/> 5X Salary	<input type="checkbox"/> 100,000	<input type="checkbox"/> 25,000	
<input type="checkbox"/> 6X Salary	<input type="checkbox"/> 125,000		
<input type="checkbox"/> 7X Salary	<input type="checkbox"/> 150,000		
<input type="checkbox"/> 8X Salary	<input type="checkbox"/> 175,000		Effective Date:
	<input type="checkbox"/> 200,000		

Accidental Death and Dismemberment ³			
	Employee	Spouse + Dependents	
	<input type="checkbox"/> 1X Salary	Family Option	
	<input type="checkbox"/> 2X Salary		
	<input type="checkbox"/> 3X Salary		
	<input type="checkbox"/> 4X Salary		
	<input type="checkbox"/> 5X Salary		
	<input type="checkbox"/> 6X Salary		
	<input type="checkbox"/> 7X Salary		Effective Date:
	<input type="checkbox"/> 8X Salary		

³Unless evidence of eligibility is mandated by the vendor.

If you are newly enrolling or wish to change your beneficiary for Employee-Paid Life or Accidental Death and Dismemberment (AD&D) insurance, find instructions on the [HR website](#) for how to do so.

Flexible Spending Accounts	Enroll	Amount	
Dependent Care Flexible Spending Account (DCSA) (Maximum amount: \$5,000)	<input type="checkbox"/>	\$	Effective Date:
Health Care Flexible Spending Account (HCSA) (Maximum amount: \$2,700)	<input type="checkbox"/>	\$	

Authorization Please read, sign, and date this section.

I am applying for and/or changing coverage as specified in the Group Agreements between MSU and my selected benefit plan(s). I authorize the required payroll deductions (pre-tax or after-tax). I understand that only those dependents listed on this form who meet the definition of "Dependent" will be covered by the benefits I have elected (refer to the plan brochure for the definition of "Dependent").

I have read and agree to the terms and conditions above outlined in the plan brochures. I verify all above information is true, correct, and complete.

If you have questions, please contact MSU Human Resources at:

Mailing address: 1407 S. Harrison Rd, East Lansing MI 48823-5287
Phone number: 517-353-4434 or 800-353-4434
Fax number: 517-353-1869
E-mail: **SolutionsCenter@hr.msu.edu**
Website: **hr.msu.edu**

Signature _____ Date _____