Human Resources
MICHIGAN STATE UNIVERSITY

2025 Employee Offline Enrollment/Change Form

Please complete and return this form to enroll, change, or cancel benefits for you and/or your eligible dependent(s). Employees who are new hires, newly eligible or have a qualifying life event (QLE), forms must be received by Human Resources no later than **30 days** after the event. For more information regarding enrollment and qualifying life events, please contact MSU Human Resources at SolutionsCenter@hr.msu.edu or 517-353-4434 (toll-free; 800-353-4434).

Personal Information - Please Print Clearly		
Name (Last, First, Middle Initial)	Social Security Number or ZPID	Work Phone
Are you an Active Employee? ☐ Yes ☐ No Are you on COBRA? ☐ Yes* ☐ No Are you a dependent of an employee? ☐ Yes* ☐ No *Employee's Name: _____	If your spouse/other eligible individual (OEI) is an MSU employee/retiree, please indicate their full name:	Home Phone

Reason for Completing This Form				
☐ **Benefit Exception**	☐ **Birth/Adoption**	☐ **Change in Daycare**	☐ **Change in Work %**	☐ **Dependent Arrival in the US**
☐ **Divorce**	☐ **Loss of Previous Coverage**	☐ **Newly Eligible**	☐ **Marriage**	☐ **Obtaining Other Coverage**
☐ **Other:**				**Event Date:**

Health Plan with CVS Caremark Prescription Plan	**Employee Only**	**Employee + One**	**Family**	**Cancel Coverage**
Blue Care Network (BCN) (HMO)[1]	☐	☐	☐	☐
Community Blue PPO	☐	☐	☐	☐
Consumer Driven Health Plan (CDHP) with HSA[2]	☐	☐	☐	☐
BlueCard Out-of-State[3]	☐	☐	☐	☐
Health Plan Waiver Enrollment[4]	☐	N/A	N/A	☐

[1]Blue Care Network is only available to regular benefits-eligible employees that live in the state of Michigan.
[2]The Consumer Driven Health Plan is only available to Faculty, Academic Staff, Executive Management, non-union Support Staff and POAM benefits-eligible employees. APSA and CTU benefits-eligible employees are only eligible if residing out of Michigan. If enrolled, you should also enroll in the Health Savings Account (HSA).
[3]BlueCard Out-of-State is only available to employees living outside of Michigan but within the U.S.
[4]Regular benefits-eligible employes who have health care coverage through another employer may waive MSU health care coverage and receive up to a $600 annual payment. This is not available when an MSU employee is enrolled in another MSU health plan.

Dental Plan		**Employee Only**	**Employee + One**	**Family**	**Cancel Coverage**
☐ Aetna DMO[5]	☐ Aetna Premium DMO[6]	☐	☐	☐	☐
☐ Delta Dental Base Plan	☐ Delta Dental Premium Plan	☐	☐	☐	☐

[5]Aetna DMO eligibility is determined by where you live and is only available for 274, AP and POAM benefits-eligible employees.
[6]Aetna Premium DMO is determined by where you live and is only available for Faculty, Academic Staff, Executive Management, MSU Extension, CT, APSA, 324, 1585, SSTU, Nurses, and Resident Advisors.

Flexible Spending Accounts (FSA)	**Enroll**	**Increase Contribution**	**Decrease Contribution**	**Amount**	**Cancel**
Dependent Care (DCFSA) (Max - $5,000)	☐	☐	☐	$	☐
Health Care (HCFSA) (Max - $3,050)	☐	☐	☐	$	☐

FSA's will take effect on the first of the following month.

Health Savings Account (HSA)	**Enroll/Change**	**Percent Contribution**	**Cancel**
Health Savings Account (requires enrollment in CDHP)	☐	**%**	☐

To enroll in a Health Savings Account (HSA) you MUST meet the following IRS regulations**: 1) You must be covered by a HSA qualified high-deductible health plan (like the MSU CDHP), 2) You cannot be covered by another non-high deductible medical plan (a major medical plan) or a high-deductible plan that is not compliant with IRS rules regarding HSAs, 3) You cannot be covered by a health care flexible spending account (HCFSA), Note: You cannot receive an employer contribution or contribute to your HSA plan as long as you have remaining funds in a health care flexible spending account until the end of the FSA grace period, currently April 30. 4) You cannot be enrolled in Medicare (Part A, B or D), 5) You cannot be claimed as a dependent on another individual's tax return, and 6) You cannot be currently enrolled in the Student Health Plan.** In addition**,** while you can make changes to your HSA plan at any time, you do need to enroll in the plan during your initial enrollment period. If you do not enroll during this time, you will need to wait until the next annual open enrollment period or if you experience a mid-year qualifying life event.

HSAs will take effect the first of the following month.

Rev. 1/30/2025

For Office Use Only:
Date Received _____ HR Staff Member _____
Date Reviewed _____ HR Staff Member _____

Please turn over →

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Enrolling and Updating Eligible Dependents

To **add** or **delete** a dependent from your plan(s), fill out the dependent information below. When adding new dependents due to marriage, birth, or adoption, please provide a copy of the marriage certificate, birth certificate, or adoption information and attach it to this form. Additional information about eligible dependents and required documentation is located at www.hr.msu.edu/benefits/documents/EligibleDependents.pdf.

If you are adding an OEI, you will also need to complete the **Other Eligible Individual Form** located at https://hr.msu.edu/benefits/documents/2025-oei-form.pdf. Information outlining the enrollment guidelines for Other Eligible Individuals is available online at www.hr.msu.edu/benefits/other-eligible-individual/index.html.

Adding Dependents

Dependent Name (Last, First, Middle Initial)	Social Security Number	Date of Birth (MM/DD/YY)	Sex (M/F)	Relationship	Enroll(ed) in MSU coverage?		Enrolled in other coverage?		Medicare A & B?	Full-time Student?
					Health	Dental	Health	Dental		
					☐	☐	☐	☐	☐	☐
					☐	☐	☐	☐	☐	☐
					☐	☐	☐	☐	☐	☐
					☐	☐	☐	☐	☐	☐

Removing Dependents

To **remove** an existing dependent(s) from your plan, list the person(s).

Dependent\Beneficiary Name (Last, First, Middle Initial)	Social Security Number	Delete MSU Coverage?		For COBRA notification, please provide the person's address if they are not living with the subscriber.
		Health	Dental	
		☐	☐	
		☐	☐	

Employee Paid Life[7]

Employee	Spouse[8]	Child(ren)[8]	☐ Cancel All Coverage
☐ No Coverage	☐ No Coverage	☐ No Coverage	
☐ 1X Salary ☐ 6X Salary	☐ $ 10,000 ☐ $ 25,000	☐ $ 5,000 ☐ $10,000	
☐ 2X Salary ☐ 7X Salary	☐ $ 50,000 ☐ $ 75,000	☐ $15,000 ☐ $20,000	
☐ 3X Salary ☐ 8X Salary	☐ $100,000 ☐ $125,000	☐ $25,000	
☐ 4X Salary ☐ 9X Salary	☐ $150,000 ☐ $175,000		
☐ 5X Salary ☐ 10X Salary	☐ $200,000		

Accidental Death and Dismemberment (AD&D)

Employee	Spouse + Dependent(s)	☐ Cancel All Coverage
☐ 1X Salary ☐ 6X Salary	Family Option ☐	
☐ 2X Salary ☐ 7X Salary		
☐ 3X Salary ☐ 8X Salary		
☐ 4X Salary ☐ 9X Salary		
☐ 5X Salary ☐ 10X Salary		

[7]Evidence of Insurability (EOI) may apply if you are enrolling in or increasing coverage for Optional Employee and/or Optional Spouse Life Insurance. Prudential will contact you via your MSU email address with instructions on how to submit EOI information.
[8]Enrollment in Employee Paid Life is required if enrolling in Spouse and/or Child Life Plans.

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 post-tax). I understand that only those dependents, listed on this form, who meet the definition of "Dependent" or "Sponsored Dependent" will be covered by the benefits I have elected (refer to the plan brochure for the definition of "Dependent" and Sponsored Dependent").

I authorize my selected health plan to obtain, from providers of services and hospitals, the medical records relating to me and my enrolled spouse, and/or dependent(s), which are necessary to the administration of my contract.

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

You can return this form by:

Mailing Address/Drop Box: 1407 S Harrison Rd., Suite 110, East Lansing, MI 48823
Fax Number: 517-432-3862
E-mail: SolutionsCenter@hr.msu.edu (send securely)
File Depot: FileDepot (msu.edu)

Signature _____ Date _____