



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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If your spouse/other eligible individual (OEI) is an MSU employee/retiree, please indicate their full name:	Home Phone
Are you on COBRA?	<input type="checkbox"/> Yes* <input type="checkbox"/> No		
Are you a dependent of an employee?	<input type="checkbox"/> Yes* <input type="checkbox"/> No		
*Employee's Name: _____			

Reason for Completing This Form

<input type="checkbox"/> Benefit Exception	<input type="checkbox"/> Birth/Adoption	<input type="checkbox"/> Change in Daycare	<input type="checkbox"/> Change in Work %	<input type="checkbox"/> Dependent Arrival in the US
<input type="checkbox"/> Divorce	<input type="checkbox"/> Loss of Previous Coverage	<input type="checkbox"/> Marriage	<input type="checkbox"/> Newly Eligible	<input type="checkbox"/> Obtaining Other Coverage
<input type="checkbox"/> Other:				Event Date:

Health Plan with CVS Caremark Prescription Plan	Employee Only	Employee + One	Family	Cancel Coverage
Blue Care Network (BCN) (HMO) ¹	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Blue PPO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumer Driven Health Plan (CDHP) with HSA ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BlueCard Out-of-State ³	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Plan Waiver Enrollment ⁴	<input type="checkbox"/>	N/A	N/A	<input type="checkbox"/>

¹BCN is only available to regular benefits-eligible employees that live in the state of Michigan.

²CDHP 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).

³BlueCard Out-of-State is only available to employees living outside of Michigan but within the U.S.

⁴Regular benefits-eligible employees 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
<input type="checkbox"/> Aetna DMO ⁵	<input type="checkbox"/> Aetna Premium DMO ⁶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delta Dental Base Plan	<input type="checkbox"/> Delta Dental Premium Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

⁵Aetna DMO eligibility is determined by where you live and is only available for 274, AP and POAM benefits-eligible employees.

⁶Aetna 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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>
Health Care (HCFSA) (Max - \$3,050)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>

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)	<input type="checkbox"/>	%	<input type="checkbox"/>

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.



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 (OEI) Form** located at www.hr.msu.edu/benefits/other-eligible-individual/documents/OEIForm.pdf.

Information outlining the enrollment guidelines for OEI's is available online at www.hr.msu.edu/benefits/other-eligible-individual/index.html.

Add 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		
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remove Dependents

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

Dependent 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	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

Employee-Paid Life⁷

Employee	Spouse ⁸	Child(ren) ⁸	<input type="checkbox"/> Cancel All Coverage
<input type="checkbox"/> No Coverage	<input type="checkbox"/> No Coverage	<input type="checkbox"/> No Coverage	
<input type="checkbox"/> 1X Salary <input type="checkbox"/> 6X Salary	<input type="checkbox"/> \$ 10,000 <input type="checkbox"/> \$ 25,000	<input type="checkbox"/> \$ 5,000 <input type="checkbox"/> \$10,000	
<input type="checkbox"/> 2X Salary <input type="checkbox"/> 7X Salary	<input type="checkbox"/> \$ 50,000 <input type="checkbox"/> \$ 75,000	<input type="checkbox"/> \$15,000 <input type="checkbox"/> \$20,000	
<input type="checkbox"/> 3X Salary <input type="checkbox"/> 8X Salary	<input type="checkbox"/> \$100,000 <input type="checkbox"/> \$125,000	<input type="checkbox"/> \$25,000	
<input type="checkbox"/> 4X Salary <input type="checkbox"/> 9X Salary	<input type="checkbox"/> \$150,000 <input type="checkbox"/> \$175,000		
<input type="checkbox"/> 5X Salary <input type="checkbox"/> 10X Salary	<input type="checkbox"/> \$200,000		

⁷Evidence 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.

⁸Enrollment in Employee Paid Life is required if enrolling in Spouse and/or Child Life Plans.

Accidental Death and Dismemberment (AD&D)

Employee	Spouse + Dependent(s)	<input type="checkbox"/> Cancel All Coverage
<input type="checkbox"/> 1X Salary <input type="checkbox"/> 4X Salary <input type="checkbox"/> 7X Salary <input type="checkbox"/> 10X Salary	Family Option <input type="checkbox"/>	
<input type="checkbox"/> 2X Salary <input type="checkbox"/> 5X Salary <input type="checkbox"/> 8X Salary		
<input type="checkbox"/> 3X Salary <input type="checkbox"/> 6X Salary <input type="checkbox"/> 9X Salary		

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 the 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 \(msu.edu\)](http://FileDepot.msu.edu)

Signature _____ Date _____