



Complete this form to enroll in, change, or cancel benefits for you, your eligible spouse/other eligible individual (OEI), or dependent(s).

- Do NOT complete this form if you completed enrollment online at www.ebs.msu.edu.
- Please only fill out the sections you're making changes to. If you are not making any changes, you do not need to fill out this form.
- Employees who are new hires, newly eligible or have a qualifying life event (QLE), forms and required documentation must be received by MSU Human Resources no later than **30 days** after the event.
- Benefits-eligible employees can only be enrolled in one MSU health plan at a time and not dually enrolled.
- Enrollment in voluntary benefits such as Accident, Critical Illness, Legal, and Vision insurance is completed with MSU Benefits Plus through the [EBS Portal](#) or by contacting them directly by phone at 888-758-7575 or email at msubenefitsplus@corestream.com.
- 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			
Employee Name (Last, First, Middle Initial)		Social Security Number (last 4 digits) or ZPID	
If your spouse/OEI is an MSU employee/retiree, indicate their full name		Work Email	Home/Cell Phone
Are you an Active Employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a dependent of an MSU employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you on COBRA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	MSU Employee's Name	

Reason for Completing this Form (please choose one option)		Event Date (Required)
<input type="checkbox"/> Benefit Exception Request (BER)	<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 (LOPC)	<input type="checkbox"/> Marriage	<input type="checkbox"/> Moving In/Out of Michigan*
<input type="checkbox"/> Newly Eligible	<input type="checkbox"/> Obtaining Other Coverage	* Updated Permanent Residence (Street, City, State, Zip Code)
<input type="checkbox"/> Other (please explain)		

Health and Prescription Plan	Employee Only	Employee + One	Family	Cancel
Blue Care Network (BCN) ¹ / CVS Caremark	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Blue PPO / CVS Caremark	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumer Driven Health Plan (CDHP) with HSA ² / CVS Caremark	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BlueCard Out-of-State ³ / CVS Caremark	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cigna Global Health Advantage (CGHA) Plan ⁴ - A separate enrollment form is required to enroll in or cancel this plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Plan Waiver Enrollment ⁵	<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 they reside out of Michigan. If enrolled, you should also enroll in the Health Savings Account (HSA) to receive the MSU contribution.

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

⁴CGHA is only available to benefits-eligible employees (and their dependents) who are here on a J-1 or J-2 visa or are actively working for MSU and live outside the U.S. for a minimum of 6 months. The CGHA Plan covers medical, prescription, and dental benefits. Members who are enrolled in the CGHA Plan are **not eligible** to dual-enroll in the Aetna Dental or Delta Dental plans.

The CGHA enrollment form can be found at www.hr.msu.edu/benefits/international-employees/documents/Cigna-Enrollment-Form.pdf.

⁵Regular 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 (please choose only one plan for all members)		Employee Only	Employee + One	Family	Cancel
<input type="checkbox"/> Aetna Base DMO ⁶	<input type="checkbox"/> Aetna Premium DMO ⁷	<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"/>

⁶Aetna DMO eligibility is determined by where you live and is only available for 274, AP and POAM benefits-eligible employees.

⁷Aetna Premium DMO is determined by where you live and is only available for Faculty, Academic Staff, Executive Management, MSU Extension (MSUE), CT, APSA, 324, 1585, SSTU, Nurses, and Resident Advisors.

Flexible Spending Accounts (FSA) (will take effect on the first of the following month)	Enroll	Increase Contribution	Decrease Contribution	New/Adjusted Annual Election	Cancel
Dependent Care (DCFSA) (Max Limit - \$7,500/household)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Health Care (HCFSA) (Max Limit - \$3,300/individual)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Health Savings Account (HSA) (will take effect on the first of the following month)	Enroll/Change	Percent Contribution	Cancel
Health Savings Account (requires enrollment in CDHP)	<input type="checkbox"/>		<input type="checkbox"/>

To enroll in an HSA, you MUST meet the following IRS regulations:

- 1) You must be covered by an HSA qualified high-deductible health plan like the MSU CDHP.
- 2) You cannot be covered by another non-high-deductible health 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).

Please Note: You cannot receive an employer contribution or contribute to your HSA plan if you have remaining funds in a HCFSA 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.
- 6) You cannot be currently enrolled in the MSU Student Health Insurance Plan (SHIP).

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 ([QLE](#)).

Enrolling and Updating Eligible Dependents (health/prescription and dental plans must match the employee's plan)

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

If you are adding an other eligible individual (OEI), you will also need to complete an [Other Eligible Individual Registration Form](#). Information outlining the enrollment guidelines for OEI's is available online at www.hr.msu.edu/benefits/other-eligible-individual/index.html.

Enrolling Eligible Dependents (health/prescription and dental plans must match the employee's plan)

Dependent Name (Last, First, Middle Initial)	Social Security Number	Date of Birth (MM/DD/YYYY)	Sex (M/F)	Relationship	Enroll in MSU Health, Dental or Both



Removing Dependent Coverage (will take effect on the last day of the month)

To remove an existing dependent from your health/prescription and dental plans, please list the person(s) below.

Dependent Name (Last, First, Middle Initial)	Social Security Number	Disenroll in MSU Health, Dental or Both	For COBRA notification, please provide the dependent's address if they are not living with the subscriber.

Optional Employee-Paid Life⁸

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

⁸Evidence 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.

⁹Enrollment in Employee Paid Life is required if enrolling in Spouse and/or Child Life Plans.

Accidental Death and Dismemberment (AD&D)

<input type="checkbox"/> Employee Coverage*	<input type="checkbox"/> Family Coverage*	<input type="checkbox"/> Cancel Coverage
*REQUIRED - Please select one coverage amount below:	See below for family benefit coverage:	
<input type="checkbox"/> 1x Salary <input type="checkbox"/> 4x Salary <input type="checkbox"/> 7x Salary <input type="checkbox"/> 10x Salary	Spouse & No Children – 60% of coverage amount (max \$750,000)	
<input type="checkbox"/> 2x Salary <input type="checkbox"/> 5x Salary <input type="checkbox"/> 8x Salary	Children & No Spouse – 25% per child of coverage amount (max \$100,000)	
<input type="checkbox"/> 3x Salary <input type="checkbox"/> 6x Salary <input type="checkbox"/> 9x Salary	Spouse & Children – 50% spouse & 20% per child of coverage amount	

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” or “Sponsored Dependent”, will be covered by the benefits I have elected.

I authorize my selected health, prescription, and dental plans to obtain, from providers of services and hospitals, the medical records relating to me and my enrolled spouse/OEI and 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 information above is true, correct, and complete.

Signature _____ Date _____

Please return the completed form to:

Mail/Drop Box: 1407 S. Harrison Rd., Suite 110, East Lansing, MI 48823
 Fax Number: 517-432-3862
 E-mail: SolutionsCenter@hr.msu.edu
 File Depot: [FileDepot \(msu.edu\)](http://FileDepot.msu.edu)

For Office Use Only:

Date Received –
 Date Reviewed –
 Staff Name –
 PERNR –