



**Open Enrollment
Offline Enrollment/Change Form**

Complete and return this form to enroll, change, or cancel benefits for you and/or your eligible dependents(s) by October 31, 2023.

Personal Information Please print clearly			
Name (Last, First, Middle Initial)		Social Security Number or ZPID	Work Phone
Enrolled in any other health plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Enrolled in any other dental plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	If your spouse is an MSU employee/retiree, indicate his/her full name:	Home Phone

Reason for Completing This Form
<input checked="" type="checkbox"/> Open Enrollment

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

¹Blue Care Network is only available to regular benefit eligible employees that live in the state of Michigan.

²Consumer Driven Health Plan is only available to Faculty, Academic Staff, Executive Management, non-union Support Staff and POAM benefit eligible employees. APSA and CTU benefit eligible employees are only eligible if residing out of Michigan. If enrolled, you should also enroll in the Health Savings Account.

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

⁴Regular benefit 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"/> ¹ Aetna DMO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> ² Aetna Premium DMO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delta Dental PPO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delta Dental Premium PPO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹Aetna DMO eligibility is determined by where you live and is only available for 274, AP and POAM benefit eligible employees.

²Aetna 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/ Change	Amount	Cancel
Dependent Care FSA (Max -\$5,000)	<input type="checkbox"/>	\$	<input type="checkbox"/>
Health FSA (Max - \$3,050)	<input type="checkbox"/>	\$	<input type="checkbox"/>
FSA will take effect 01/01/2024			Effective Date 01/01/2024

Health Savings Account (HSA)	Enroll/ Change	Percent Contribution	Cancel
Health Savings Account (requires enrollment in Consumer Driven Health Plan)	<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 administered by Community Blue), 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 (HCSA), 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.			Effective Date 01/01/2024

Enrolling and Updating Eligible Dependents
To add a dependent or delete a dependent from your health plans, fill out the dependent information. When adding new dependents due to marriage, birth, or adoption, 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 . If you are adding an OEI you will also need to complete the Other Eligible Individual Registration Form located at www.hr.msu.edu/benefits/other-eligible-individual/documents/OEIForm . Information outlining the enrollment guidelines for Other Eligible Individuals is available online at hr.msu.edu/benefits/other-eligible-individual/index .

Enrolling 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\Beneficiary Name (Last, First, Middle Initial)	Social Security Number	Delete MSU Health Coverage?	For COBRA notification, provide the person's address if he/she is not living with the subscriber.
		<input type="checkbox"/>	
		<input type="checkbox"/>	

Employee Paid Life⁴

Employee	Spouse ⁵	Child(ren) ⁵	<input type="checkbox"/> Cancel All Coverage
<input type="checkbox"/> No Coverage	<input type="checkbox"/> No Coverage	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"/> 125,000 <input type="checkbox"/> 150,000	<input type="checkbox"/> 25,000	
<input type="checkbox"/> 4X Salary <input type="checkbox"/> 9X Salary	<input type="checkbox"/> 175,000 <input type="checkbox"/> 200,000		
<input type="checkbox"/> 5X Salary <input type="checkbox"/> 10X Salary			Effective Date: 01/01/2024

Accidental Death and Dismemberment

Employee	Spouse + Dependents	Cancel Coverage
<input type="checkbox"/> 1X Salary <input type="checkbox"/> 6X Salary	Family Option <input type="checkbox"/>	<input type="checkbox"/> Cancel All Coverage
<input type="checkbox"/> 2X Salary <input type="checkbox"/> 7X Salary		
<input type="checkbox"/> 3X Salary <input type="checkbox"/> 8X Salary		
<input type="checkbox"/> 4X Salary <input type="checkbox"/> 9X Salary		
<input type="checkbox"/> 5X Salary <input type="checkbox"/> 10X Salary		
		Effective Date: 01/01/2024

⁴ Evidence of Insurability 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.

⁵ 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 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 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:

Mail address/Drop Box: 1407 S Harrison Rd., Suite 110, East Lansing MI 48823-5287
 Fax number: 517-432-3862
 E-mail: SolutionsCenter@hr.msu.edu (send securely)
 File Depot: [FileDepot \(msu.edu\)](https://filedepot.msu.edu)

Signature _____ Date _____