

Benefits Enrollment Acknowledgement

UPDATED

By initialing next to each benefit option, I acknowledge that I have received and reviewed my Benefits Enrollment Options. By signing this form I acknowledge that I understand my benefits responsibilities as listed below as well as deadlines for enrollment. *More detailed information on all plans can be found online at [ANO'S Staff Benefits Information](https://nolacatholic.org/ano-staff-benefits-information) page: <https://nolacatholic.org/ano-staff-benefits-information>*

2020 - 2021 Annual Enrollment | July 1, 2020 Changes

❖ 2020 is a Positive Enrollment Year

ALL eligible staff MUST Call the BAC or go Online to Verify current Elections or Waive Coverages, *even if making no changes.* Please call the Benefits Advocacy Center at: 1-833-857-0755 or visit <https://enroll.benefitsconnect.net/archofno> to enroll.

Medical (United Healthcare ChoicePlus/UMR)

I understand that I must complete my UMR/United Healthcare application or change form by May 29, 2020 if I need to make changes. Any submission after this date may forfeit my right to enroll or make changes in the medical plan until the next open enrollment period unless I have a qualifying event.

Optional Plans: Dental | Vision & NEW Accident | NEW Critical Illness (Guardian)

I understand that I must complete my Guardian application/change form by May 29, 2020. *I may elect/waive ANY or ALL optional plans as best meets my needs.* Any submission after this date may forfeit my right to enroll or make changes in the dental plan until the next open enrollment period unless I have a qualifying event.

Supplemental Employee and Dependent Life (Guardian)

Supplemental Employee and Dependent Life without medical questions is ONLY available to NEW HIRES until Open Enrollment 2022 up to the guaranteed issue amounts. Any submission for NEW HIRES outside of the grace period may forfeit my right to enroll or make changes in the life plan until the next open enrollment period.

My portion of the medical, dental, vision cost (if applicable) will be taken out of my paycheck pre-tax; therefore, I cannot revoke my elections until next open enrollment unless I have a qualifying event; my portion for employee/dependent life, accident and critical illness coverage are taken out post-tax.

NEW HIRE Enrollment | Coverages effective as of July 1, 2020

Please call the Benefits Advocacy Center at: 1-833-857-0755 or visit <https://enroll.benefitsconnect.net/archofno> to enroll.

Medical (United Healthcare ChoicePlus/UMR)

I understand that I must complete a Health application either enrolling or waiving within 30 days of my hire date. Any submission after this date may forfeit my right to enroll in the medical plan until next open enrollment period unless I have a qualifying event.

Optional Plans: Dental | Vision | Accident | Critical Illness (Guardian)

I understand that I must complete a Guardian application either enrolling or waiving for within 30 days of my hire date. *I may elect/waive ANY or ALL optional plans as best meets my needs.* Any submission after this date may forfeit my right to enroll in the dental plan until next open enrollment period unless I have a qualifying event.

Supplemental Employee and Dependent Life (Guardian)

I understand that I must complete a Guardian application and beneficiary form either enrolling or waiving within 30 days of my hire date. Any submission after this date may forfeit my right to enroll or make changes in the supplemental life plan until the 2022 open enrollment period unless I have a qualifying event.

Supplemental Employee and Dependent Life benefits will go into effect the first of the month following the date of my employment, and the premium will be taken out of my paycheck post-tax. This election cannot be changed until the July 2022 policy renewal unless I have a qualifying event. I will have the option to revoke my election during the open enrollment.

Medical, Dental, Vision, Vol Life, Critical Illness and Accident Benefits will go into effect the first of the month following the date of my employment.

My portion of the benefits cost (if applicable) for medical, dental, and vision will be taken out of my paycheck pre-tax, therefore, I cannot revoke my elections until next open enrollment; Deductions for supplemental life, accident and critical illness are taken out post-tax.

Beneficiaries for Life (Guardian) and 401(K) (Voya)

I do also hereby acknowledge that if applicable, I need to update my beneficiary form for the life and 401K plans and return that form to the site administrator or I may call VOYA's information line at (877) 659-6995 and press 0 to update electronically.

401(K) (Voya)

I do hereby acknowledge that I am automatically enrolled in the 401K benefits program at a 4% deferral.

DATE

EMPLOYEE NAME / SIGNATURE

DATE

SITE ADMINISTRATOR SIGNATURE

LOCATION/PROGRAM: _____

**LAST REVISED:
5.22.2020**

Important: Please note that the Medicare Part D notice is included in the Annual Notices of the Staff Benefits Guide