ENVIGO

Effective date of coverage – 01/01/2021

Benefits enrollment form

Instructions: Please complete this form in its entirety and email it to USOpenEnrollment@envigo.com or upload to our website enroll.envigo.com/enrollment-form by 23:59 on 25th Nov 2020.

Hire date (HR will complete):

1. Colleague Information

1 Name (Last, First, M.I.)	
2 Date of Birth	
3 Address (Street, City, State, Zip Code)	
4 Home Phone	
5 Sex Assigned at Birth	
6 Marital Status (single, married, divorced, widowed, separated, domestic partnership, civil union)	

☐ I elect to WAIVE ALL 2021 elections.

2. Medical (coverage rates on last page)

(a) Choose your Health Plan Option:

☐ CIGNA OAP 80/50 ☐ CIGNA OAP 100/70 ☐ Waive Medical ☐ CIGNA HDHP (High Deductible Health Plan)

(b) Choose your Level of Coverage:

☐ Employee only ☐ Employee plus child(ren) ☐ Employee plus spouse (/Domestic Partner) ☐ Family

3. Dental Health Plan (coverage rates on last page)

(a) Choose your Dental Plan Option:

☐ Basic Dental ☐ Waive Dental ☐ Dental with Orthodontia

(b) Choose your Level of Coverage:

☐ Employee only ☐ Employee plus child(ren) ☐ Employee plus spouse (/Domestic Partner) ☐ Family

4. Vision (coverage rates on last page)

(a) Choose your Vision Plan Option:

☐ Basic Vision ☐ Waive Vision

(b) Choose your Level of Coverage:

☐ Employee only ☐ Employee plus child(ren) ☐ Employee plus spouse (/Domestic Partner) ☐ Family

5. People to Cover – This information will be used for all benefit plans

Be sure to check the appropriate boxes for the coverage option(s) you elect for you and your dependents.

	Name (Last, First, M.I.)	Date of Birth (MM/DD/YY)	Sex Assigned at Birth	Social Security Number	Health	Dental	Vision
Employee							
Spouse/ Domestic Partner							
Child							
Child							
Child							
Child							
Child							
Child							
Child							

6. Spending Accounts
(Minimum amount to be selected is $260 and must be done in increments of $10)

2020 IRS Limits:
Traditional FSA: $2,750
Limited Purpose FSA: $2,750
Self HSA: $3,550
Family HSA: $7,100
Dependent Care: $5,000

Traditional FSA:

☐ I elect to contribute $ _____ in total to my FSA (subject to IRS limits) until Dec.31.

Limited Purpose FSA:

☐ I elect to contribute $ _____ in total to my FSA (subject to IRS limits) until Dec. 31.

Health Savings Account (HSA):

☐ I elect to contribute $ _____ in total to my HSA (subject to IRS limits) until Dec. 31.

Dependent Care Account:

☐ I elect to contribute $ _____ in total to my Dependent Care Account (subject to IRS limits) until Dec.31.

Decline Participation:

☐ I do not wish to participate this year.

7. Additional Life Insurance and Accidental Death & Dismemberment (AD&D)

a. Employee Coverage (can be purchased in increments of $10,000 to max of 5x base earning or $500,000, whichever is less)
Coverage Amount $ _____ Waive Coverage _____

b. Spouse Coverage (can be purchased in increments of $5,000 up to $250,000)
Coverage Amount $ _____ Waive Coverage _____

c. Dependent Coverage (can be purchased in increments of $2,000 up for $10,000 for dependents up to age 26)
Coverage Amount $ _____ Waive Coverage _____

8. Beneficiary Designation

Complete this section to name or update your beneficiary designation. It will apply to your Life and Accident coverages.

BENEFICIARY NAMES (LAST, FIRST, M.I.) RELATIONSHIP % OF BENEFIT:

CONTINGENT BENEFICIARY NAMES (LAST, FIRST, M.I.) RELATIONSHIP % OF BENEFIT:

9. Voluntary Accident Insurance: Accident insurance ensures you are covered for specific services and care associated with an injury (on and off the job).

☐ Enroll in Voluntary Accident Insurance ☐ Waive Voluntary Accident Insurance

Choose your Level of Coverage:

☐ Employee only ☐ Employee plus child(ren) ☐ Employee plus spouse (/Domestic Partner) ☐ Family

10. Pet Insurance

Pet insurance reimburses you (up to 90%) for eligible vet bills, giving you cash back for accidents, illnesses, hereditary conditions and more.* If you enroll, the deductions will become a part of your bi-weekly payroll deductions. To enroll, visit **petinsurance.com**

11. Voluntary Critical Illness

☐ Enroll in Critical Illness ☐ Waive Critical Illness

Choose your Level of Coverage (must select each option separately):

☐ Employee only ☐ Employee plus child(ren) ☐ Employee plus spouse (/Domestic Partner)

	Tobacco User	Non-Tobacco User	Choose your coverage amount			
Employee	☐	☐	☐ $10,000	☐ $20,000	☐ $30,000	☐ $40,000
Spouse	☐	☐	☐ $10,000	☐ $20,000	☐ $30,000	☐ $40,000
Child	☐	☐	☐ $5,000	☐ $10,000	☐ $15,000	☐ $20,000

12. Legal Plan

MetLaw gives you access to professional legal services. Their nationwide network provides help on a variety of legal matters, including family/personal law, foreclosures and refinancing, home and real estate civil lawsuits, future/estate planning, identity theft management, and more.

☐ Enroll in Legal Plan ☐ Waive Legal Plan

13. Voluntary Long Term Disability (LTD)

LTD picks up where STD leaves off. Benefits are 60% of your current base monthly earnings, up to $10,000 per month.

☐ Enroll in LTD ☐ Waive LTD

*ALL rates are on a per pay period basis. There are 26 pay periods in 2021.

2021 Rates

	Medical #2			Vision #4	Dental #3	
	OAP 80/50	OAP 100/70	HDHP	Cigna	Basic	Ortho
Employee	$63.10	$73.34	$36.52	$3.06	$13.38	$19.06
Employee + Spouse	$132.51	$154.02	$76.69	$6.11	$28.10	$40.02
Employee + Child(ren)	$119.89	$139.35	$69.39	$6.17	$25.42	$36.20
Family	$191.82	$220.74	$151.85	$9.85	$38.13	$57.17

Voluntary Life + AD&D (Employee and Spouse) (#7) (Rate per $1000 of coverage)	
<30	$0.03
30-34	$0.03
35-39	$0.05
40-44	$0.07
45-49	$0.10
50-54	$0.19
55-59	$0.30
60-64	$0.31
65-69	$0.55
70-74	$1.21
75+	$5.83

Voluntary Life + AD&D (Child) (#7) (Rate per $1000 of coverage)	
Up to 26	$0.08

Long Term Disability (Per $100 of payroll) (#13)	
Flat Rate	$0.23

Critical Illness (#11) (Rate per $1000 of coverage)		
	Tobacco Rate	Non-Tobacco Rate
<25	$0.30	$0.29
25-29	$0.35	$0.32
30-34	$0.47	$0.40
35-39	$0.68	$0.54
40-44	$1.13	$0.78
45-49	$1.83	$1.14
50-54	$2.84	$1.61
55-59	$4.28	$2.26
60-64	$6.15	$3.08
65-69	$8.28	$4.01
70-74	$11.03	$5.57
75+	$13.57	$7.63

Accident Insurance (#9)	
Employee	$8.35
Employee + Spouse	$13.01
Employee + Child(ren)	$14.61
Family	$19.26

Legal Plan	
Flat Rate	$8.30