



If you do not wish to make any changes for the new plan year, please check the box and sign on the back.

Please complete the information below for enrollment in the benefit plans being offered to you and your family through YVEDDI.
 Refer to the Benefits at a Glance for plan highlights.

Section 1 - Employee and Dependent Information

Employee Name (First, MI, Last): _____

Date of Birth: _____ Marital Status: _____ Gender: _____ SSN: _____

Address: _____ Phone: _____

If you are adding your spouse and/or dependents to any of the plans elected, please complete the section below.

Spouse Name: _____ DOB: _____ Gender: _____ SSN: _____

Dependent 1 Name: _____ DOB: _____ Gender: _____ SSN: _____

Dependent 2 Name: _____ DOB: _____ Gender: _____ SSN: _____

Dependent 3 Name: _____ DOB: _____ Gender: _____ SSN: _____

Section 2 - Group Medical Triple Plan Options - Blue Cross Blue Shield

	24 Pay Period Deduction	19 Pay Period Deduction	Election
Enhanced Plan			
Employee Only	\$64.75	\$81.79	<input type="checkbox"/>
Employee + 1 Child	\$278.84	\$352.22	<input type="checkbox"/>
Employee + Children	\$550.02	\$694.76	<input type="checkbox"/>
Standard Plan			
Employee Only	\$44.06	\$55.65	<input type="checkbox"/>
Employee + 1 Child	\$251.32	\$317.46	<input type="checkbox"/>
Employee + Children	\$513.85	\$649.07	<input type="checkbox"/>
Economy Plan*			
Employee Only	\$0.00	\$0.00	<input type="checkbox"/>
Employee + 1 Child	\$150.61	\$190.24	<input type="checkbox"/>
Employee + Children	\$381.48	\$481.87	<input type="checkbox"/>
DECLINE: If you wish to decline the medical plans, please check this box.			<input type="checkbox"/>

*The Economy Medical Plan is compatible with a Health Savings Account (HSA). An HSA is an account owned by the employee. Employees can make pre-tax payroll contributions and pay for qualified medical expenses tax-free. The contributions made to this account are funds that can be kept year after year even if there is a change in employment. Health Equity is the partner company to BCBS for these accounts. If you elect the Economy Plan, an HSA account is automatically created for you; however, it is your decision whether to contribute to it or not. YVEDDI is contributing \$31.67 per pay period for 24 week deductions, and \$40.00 per pay period for 19 week deductions. The 2025 maximum contribution set by the IRS is \$4,300 if employee only coverage is elected. If employee/child(ren) coverage is elected, then the maximum contribution is \$8,550.

If you wish to contribute additional money to your HSA account through payroll deduction, enter amount here. \$ _____

Section 3 - Group Dental Dual Plan Options - MetLife

	24 Pay Period Deduction	19 Pay Period Deduction	Election
Base Plan			
Employee Only	\$14.34	\$18.11	<input type="checkbox"/>
Employee/Spouse	\$26.94	\$34.03	<input type="checkbox"/>
Employee/Child(ren)	\$32.49	\$41.03	<input type="checkbox"/>
Employee/Family	\$47.27	\$59.70	<input type="checkbox"/>
Enhanced Plan			
Employee Only	\$20.31	\$25.65	<input type="checkbox"/>
Employee/Spouse	\$36.73	\$46.39	<input type="checkbox"/>
Employee/Child(ren)	\$48.83	\$61.68	<input type="checkbox"/>
Employee/Family	\$68.66	\$86.72	<input type="checkbox"/>
DECLINE: If you wish to decline the dental plans, please check this box.			<input type="checkbox"/>

Section 4 - Group Vision Plan - <i>MetLife</i>			
Tiers of Coverage:	24 Pay Period Deduction	19 Pay Period Deduction	Election
Employee Only	\$3.92	\$4.95	<input type="checkbox"/>
Employee/Spouse	\$7.44	\$9.40	<input type="checkbox"/>
Employee/Child(ren)	\$7.84	\$9.90	<input type="checkbox"/>
Employee/Family	\$11.52	\$14.55	<input type="checkbox"/>
DECLINE: If you wish to decline the vision plan, please check this box.			<input type="checkbox"/>
Section 5 - Voluntary Long Term Disability Plan - <i>USABLE</i>			
Benefit Amount - 60% of monthly earnings Maximum Benefit Amount - \$5,000	Premium is based on age and salary. For payroll deduction, please see Human Resources.		Election <input type="checkbox"/>
DECLINE: If you wish to decline the voluntary long term disability plan, please check this box.			<input type="checkbox"/>
Section 6 - Basic Term Life Plan - <i>USABLE</i>			
Benefit Plan: Employee Term Life Insurance - 1 x earnings to a maximum of \$75,000	100% Employer Paid	Election <input checked="" type="checkbox"/> Auto enrolled	
Optional Spouse/Dependent Benefit Plan: Spouse - \$1,000 benefit Child(ren) - \$100 birth to 6 mos., then \$1,000 6 mos. to age 19 or age 26 if full time student	For payroll deduction, please see Human Resources.		<input type="checkbox"/>
DECLINE: If you wish to decline the spouse/dependent basic life plan, please check this box.			<input type="checkbox"/>
Section 7 - Voluntary Term Life Plan - <i>USABLE</i>			
Benefit Details:	Premium is based on age and benefit amount elected. For payroll deduction, please see Human Resources.	Please indicate the amount of life insurance you are electing below for you, your spouse, and/or child(ren).	
Employee Benefit Amount - 5x annual earnings up to \$300k in \$10k increments Guaranteed Issue - \$120,000 (no health questions) AD&D Benefit Amount - Matches Life Benefit		EE: _____	
Spouse Benefit Amount - \$5k to \$150k in \$5k increments; not to exceed 50% of EE amount Guaranteed Issue - \$30,000 (no health questions)		SP: _____	
Children Birth to 6 months - \$100 Over 6 months - \$1k to \$10k in \$1k increments; not to exceed 50% of EE amount Guaranteed Issue - \$10,000		CH: _____	
DECLINE: If you wish to decline the voluntary term life plan, please check this box.			<input type="checkbox"/>

Employee Signature (required)

Date

You have now completed your benefit elections for open enrollment. Please return this form to Human Resources for processing.

*This form is not an official enrollment form for any insurance carrier or agency. This form is used for convenience of electing coverage from multiple carriers.
I authorize YVEDDI to payroll deduct the total premium from my paycheck in accordance to my plan elections on this form.*