2015 OPEN ENROLLMENT REQUEST FORM
REGULAR FULL-TIME FACULTY AND STAFF

Name
Department

YOU ARE CURRENTLY ENROLLED IN THE FOLLOWING BENEFIT PLANS:

MEDICAL INSURANCE ELECTION – United HealthCare

STEP 1: Confirm your medical insurance coverage election for CY 2015.

☐ Point of Service (POS) Plan  ☐ Deductible-based Plan (DBP)

Note: If you are electing to enroll in medical insurance or change plans, an additional form is required.

☐ I do not wish to participate in a University of Hartford group medical insurance plan at this time. I am aware that I will have the ability to enroll in the group medical insurance plan only at certain times during the year (qualifying event or future open enrollment).

STEP 2: Confirm who will be covered under your medical insurance plan.

☐ Employee only  ☐ Employee + spouse
☐ Employee + child(ren)  ☐ Employee + spouse + child(ren)

Note: If you are electing to add or drop dependents, an additional form is required.

STEP 3: If you are interested in participating in the PureWellness voluntary wellness program, please indicate the adults covered under your group medical insurance that will enroll in this wellness program (excluding children of any age):

☐ Employee Only  ☐ Spouse Only  ☐ Both employee and spouse

☐ I do not wish to participate in the PureWellness program at this time. I am aware that I can enroll in the wellness program at any time during the year.

FLEXIBLE SPENDING ACCOUNT(S) – United Healthcare

☐ Dependent Care Account ($5,000 annual maximum) * – CY 2015 Election Amount $_____________
☐ Health Care Account ($2,500 annual maximum) * – CY 2015 Election Amount $_____________

HEALTH SAVINGS ACCOUNT – United Healthcare
(partners with the United Healthcare DBP medical insurance plan election)

☐ Individual Account ($3,350 annual maximum) * – CY 2015 Election Amount $________________
☐ Family Account ($6,650 annual maximum) * – CY 2015 Election Amount $________________

Note: If you are over age 55, the catch-up provision allows you to contribute an additional $1,000.

*An additional form is required to process this request.
**DENTAL INSURANCE ELECTION – Aetna Freedom of Choice Plan**

Confirm your dental insurance coverage election for CY 2015.

- [ ] Employee only  
- [ ] Employee + spouse  
- [ ] Employee + child(ren)  
- [ ] Employee + spouse + child(ren)

**Note:** If you are electing to enroll, add or drop dependents or terminate coverage, an additional form is required.

- [ ] I do not wish to participate in the Aetna Freedom of Choice dental insurance plan at this time.

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**Basic Life Insurance** – As a regular full-time employee of the University of Hartford, you are automatically enrolled in the Basic Life Insurance benefit (valued at 2x your base/contracted salary). The University of Hartford pays all premium costs associated with this term life insurance coverage.

**OPTIONAL LIFE INSURANCE(S) ELECTIONS**

**Supplemental Life Insurance** (Please check one box below)

- [ ] Continue current benefit election  
- [ ] Make changes *  
  (enroll, increase, decrease or drop coverage)  
- [ ] I do not wish to purchase supplemental life insurance at this time

**Spousal Life Insurance** (Please check one box below)

- [ ] Continue current benefit election  
- [ ] Make changes *  
  (enroll, increase, decrease or drop coverage)  
- [ ] I do not wish to purchase spousal life insurance at this time

**Dependent Child(ren) Life Insurance** (Please check one box below)

- [ ] Continue current benefit election  
- [ ] Make changes *  
  (enroll, increase, decrease or drop coverage)  
- [ ] I do not wish to purchase dependent child(ren) life insurance at this time

**Personal Accident Insurance** (Please check one box below)

- [ ] Continue current benefit election  
- [ ] Make changes *  
  (enroll, increase, decrease or drop coverage)  
- [ ] I do not wish to purchase personal accident insurance at this time

* An additional form is required to process this change.

Open enrollment Benefits Fairs will be held on October 8 and 9, 2014 from 11:30am to 1:00pm in the Gengras Student Union, Suisman Lounge. All appropriate enrollment forms will be made available at this fair or can be downloaded from HRD’s website at www.hartford.edu/hrd.

Open Enrollment Request Forms must be returned to HRD by 4:30pm on Friday, October 31, 2014.

All elections become effective January 1, 2015.

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**AUTHORIZATION AND RELEASE**

I authorize the University of Hartford to enroll me in the benefits I have elected herein and to deduct any required contributions associated with these elections from my pay. I further understand that any deductions for medical and/or dental insurance, flexible spending or health savings accounts will be deducted from my pay on a pre-tax basis.

My signature below indicates that I have read and understand this election form and the descriptive material provided. The election(s) I have selected herein are binding for one year and cannot be revoked or modified except under limited circumstances (qualifying events) as defined by IRS regulations.

I declare that the dependents enrolled in the benefits noted herein are my eligible dependents. I declare that the information furnished on this form is true, correct and complete to the best of my knowledge.

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**To be completed by HRD:**

- [ ] Enrollment form(s) processed  
- [ ] Deduction status verified

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