2016 OPEN ENROLLMENT REQUEST FORM
REGULAR FULL-TIME FACULTY AND STAFF

Name
Department

YOU ARE CURRENTLY ENROLLED IN THE FOLLOWING BENEFITS:

Please select your calendar year (CY) 2016 benefit elections below.

### MEDICAL INSURANCE – United HealthCare

**STEP 1:**
- [ ] Point of Service (POS) Plan
- [ ] Deductible-based Plan (DBP)

- [x] I do not wish to participate in a group medical insurance plan at this time.

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

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

**STEP 3:** Consider “rallying” towards better health by participating in the University’s NEW online voluntary wellness program! The University will begin partnering with United Healthcare to offer Rally, an enhanced and integrated digital health and wellness experience that gives members access to tools, information and communities which help maintain and/or improve general health and wellbeing. Beginning January 1st, log into [www.myuhc.com](http://www.myuhc.com) and experience Rally for yourself! Stay tuned for more information on program details, including simplified reporting criteria, exciting incentive opportunities and much more!

### FLEXIBLE SPENDING ACCOUNT(S) – United Healthcare

- [ ] Health Care Account ($2,500 annual maximum)
- [ ] Dependent Care Account ($5,000 annual maximum)

### HEALTH SAVINGS ACCOUNT – United Healthcare

- [ ] Individual Account ($3,350 annual maximum)
- [ ] Family Account ($6,750 annual maximum)

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

### NEW! VOLUNTARY VISION PLAN – United HealthCare

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

- [ ] I do not wish to participate in the Voluntary Vision Plan at this time.

### DENTAL INSURANCE – Aetna Freedom of Choice Plan

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

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

**NOTE:** An additional form is required to process all new enrollments, changes in coverage and/or annual elections in Flexible Spending and/or Health Savings Accounts. All appropriate enrollment forms are available on HRD’s website at [www.hartford.edu/hrd](http://www.hartford.edu/hrd) under the Open Enrollment link.
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)

Supplemental Life Insurance (Please check one box below)

- Continue current benefit election
- Make changes * (enroll, increase, decrease or drop coverage)

Spousal Life Insurance (Please check one box below)

- Continue current benefit election
- Make changes * (enroll, increase, decrease or drop coverage)

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

- Continue current benefit election
- Make changes * (enroll, increase, decrease or drop coverage)

Personal Accident Insurance (Please check one box below)

- Continue current benefit election
- Make changes * (enroll, increase, decrease or drop coverage)

*An additional form is required to process this election.

Open Enrollment Benefits Fairs will be held on Tuesday, October 13 and Wednesday, October 14, 2015 from 11:30am to 1:00pm in the Gengras Student Union, Suisman Lounge.

Open Enrollment Request Forms must be returned to HRD by 4:30pm on Friday, October 30, 2015. If HRD does not receive all completed open enrollment materials, current CY 2015 medical, dental and/or optional life insurance elections will automatically be defaulted for CY 2016 and cannot be revoked or changed during the plan year unless you have a qualifying event (such as marriage, divorce, birth or adoption of child, or termination of coverage under a spouse’s plan).

Participation in a Health Care FSA, Dependent Care FSA and/or a HSA does not automatically default; therefore, you must submit a Participation and Salary Reduction Agreement Form for enrollment in these accounts.

All elections become effective January 1, 2016.

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 premiums(s) or cost(s) for these benefits 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 available. 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.

_______________________________       ___________       ____________________________@hartford.edu       ___________
Signature                                   Phone Ext.                            Email                                                                Date

HRD USE ONLY: [ ] PDADEDN [ ] PDABCOV
Initials: ___________                      Initials: ___________                      Audit Completed:
Date: ___________                           Date: ___________