AlliedServices
INTEGRATED HEALTH SYSTEM

For HR Use Only
Med Benefits Date:
Other Benefits Date:

2023-2024 Benefit Enrollment Election Form

See Benefits Guidebook for Benefit Information and per pay rates

Please complete both sides of form (including a beneficiary for Core Life Insurance)

Name: Employee #: Phone #:

Medical ☐ Waive Out

Coverage Level Election:	
☐ Single	
☐ Parent & Child(ren)	
☐ Employee & Spouse	
☐ Family	
☐ **Medical Spending Account** Per Pay Amount:	☐ **Health Savings Account** Per Pay Amount:

Dental ☐ Waive Out

Basic:	Enhanced:
☐ Single	☐ Single
☐ Family	☐ Family

Vision ☐ Waive Out

☐ Single
☐ Family

Dependent Care Spending

Per Pay Amount:

Short-Term Disability Insurance ☐ Waive Out

☐ 24 Week Plan (A)	☐ 22 Week Plan (B)

Additional Life Insurance

☐ Employee ☐ Waive Out	total amount of coverage requested:
☐ Spouse ☐ Waive Out	total amount of coverage requested:
☐ Child ☐ Waive Out	total amount of coverage requested:

Note: If you are electing an amount larger than the guaranteed limits, you must complete New York Life's Evidence of Insurability Form

Accidental Death & Dismemberment

☐ Employee ☐ Waive Out	total amount of coverage requested:
☐ Spouse ☐ Waive Out	total amount of coverage requested:
☐ Child ☐ Waive Out	total amount of coverage requested:

Vacation Trade In

Total Hours To Trade:

Prudential Supplemental Benefits ☐ Waive Out

☐ Employee	☐ Employee & Child(ren)
☐ Employee & Spouse	☐ Family

Add Dependents

First Name:		Last Name:				
Birthdate:		SSN:	☐ Full-time Student			
Relationship:	☐ spouse ☐ parent ☐ sibling ☐ child ☐ other	Gender:	☐ Female ☐ Male	Benefits:	☐ Medical ☐ Vision	☐ Dental

First Name:		Last Name:				
Birthdate:		SSN:	☐ Full-time Student			
Relationship:	☐ spouse ☐ parent ☐ sibling ☐ child ☐ other	Gender:	☐ Female ☐ Male	Benefits:	☐ Medical ☐ Vision	☐ Dental

First Name:		Last Name:				
Birthdate:		SSN:	☐ Full-time Student			
Relationship:	☐ spouse ☐ parent ☐ sibling ☐ child ☐ other	Gender:	☐ Female ☐ Male	Benefits:	☐ Medical ☐ Vision	☐ Dental

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First Name:		Last Name:				
Birthdate:		SSN:	☐ Full-time Student			
Relationship:	☐ spouse ☐ parent ☐ sibling ☐ child ☐ other	Gender:	☐ Female ☐ Male	Benefits:	☐ Medical ☐ Vision	☐ Dental

Add Beneficiaries

First Name:		Last Name:	
SSN:			
Relationship:	☐ spouse ☐ parent ☐ trust ☐ charity ☐ other ☐ child ☐ sibling ☐ estate ☐ ex-spouse		
Plan:	☐ Life ☐ AD&D ☐ Additional Life	☐ Contingent ☐ Primary	Percent Distribution:

First Name:		Last Name:	
SSN:			
Relationship:	☐ spouse ☐ parent ☐ trust ☐ charity ☐ other ☐ child ☐ sibling ☐ estate ☐ ex-spouse		
Plan:	☐ Life ☐ AD&D ☐ Additional Life	☐ Contingent ☐ Primary	Percent Distribution:

First Name:		Last Name:	
SSN:			
Relationship:	☐ spouse ☐ parent ☐ trust ☐ charity ☐ other ☐ child ☐ sibling ☐ estate ☐ ex-spouse		
Plan:	☐ Life ☐ AD&D ☐ Additional Life	☐ Contingent ☐ Primary	Percent Distribution: