



When completed send to summabenefits@summahealth.org

2022 Benefits Enrollment/Change Form

Full Name: _____ Employee ID #: _____

Email: _____ Phone: _____

I have experienced the following Qualifying Event on date: _____ ***Documentation required**
 Hire Employment Transfer Birth of Child/Adoption* Marriage/Divorce* Death of Spouse/Child Date of Death: _____
 Spouse/Child's Change in Employment/Medical Coverage* Describe: _____

*If you have a name change, a name change form needs completed. Go to Summa@Work/HR/HRForms/GENERAL HR FORMS

1. Medical Insurance (pre-tax) No change, keep current election

Select One Coverage Option: Employee Medical Benefit Plan Waive (No Coverage)

Select Coverage Level: Employee Only Employee + Spouse Employee + 1 or 2 Children

Employee + 3 or More Children Employee + Spouse + 1 or 2 Children Employee + Spouse + 3 or More Children

My Spouse is (check one):

- Summa Employed
- Retired, Disabled, Unemployed
- Employed/Self-employed and not eligible for their employer's group medical coverage
- Employed/Self-employed and eligible for employer's group medical coverage (Your spouse is not eligible to be covered on your Summa Health medical plan but IS eligible to be covered on your Summa dental and/or vision plan(s)).

2. Dental Insurance (pre-tax) No change, keep current election

Select One Coverage Option: Delta Dental Standard Delta Dental High Waive (No Coverage)

Select Coverage Level: Employee Only Employee + Spouse Employee + Child(ren) Family

3. Vision Insurance (pre-tax) No change, keep current election

Select One Coverage Option: VSP Standard VSP High Waive (No Coverage)

Select Coverage Level: Employee Only Employee + Spouse Employee + Child(ren) Family

4. List family member(s) you want to enroll or remove from your Medical (MED), Dental (DEN) and Vision (VIS) coverage(s).

I have reviewed the family member guidelines on page 2 and will provide documentation required.

I understand failure to do so will result in delay or denial of coverage for my dependent(s).

Relationship to you:	Last Name	First Name, Middle Initial	Date of Birth	Gender - Identifies as (M/F)	Social Security Number	Enrolling Member into			Removing Member from		
						MED	DEN	VIS	MED	DEN	VIS

5. Group Term Dependent Life Insurance (after-tax)

Mid-year life amount changes are not permitted unless you have become newly eligible for employee life insurance.

Select Spouse Dependent Life Coverage Level: No change, keep current election
 Waive (No Coverage) \$10,000 \$25,000 \$50,000 \$100,000

- Any employee who is eligible under the Life Insurance policy is not eligible as a dependent; therefore, if your spouse is Summa-employed and eligible for Summa-provided life insurance, you may not elect Spouse Dependent Life Insurance.

Select Child Dependent Life Coverage Level: No change, keep current election
 Waive (No Coverage) \$10,000 \$25,000

- It is your responsibility to notify Employee Benefits of your child turning age 26 if portability of Child Dependent Life is desired.
- If you and your Summa-employed spouse are enrolled under the Life Insurance policy, only one of you can insure an eligible dependent child under the Child Dependent Life Insurance plan.

6. Employee Group Term Supplemental Life and AD&D Insurance (after-tax) No change, keep current election

Mid-year life amount changes are not permitted unless you have become newly eligible for employee life insurance.

Select Coverage Level: Waive (No Coverage) \$10,000 \$25,000 \$50,000 \$75,000 \$100,000 \$150,000
 \$200,000 \$250,000 \$300,000 \$350,000 \$400,000 \$450,000 \$500,000

7. Identity Theft Prevention No change, keep current Waive Single Family

8. Dependent Care and Health Care Flexible Spending Accounts (pre-tax)

If you are interested in a Flexible Spending Account plan, you will find the Flexible Spending Account (FSA) Enrollment Form on Summa@Work, Human Resources/Benefits. Complete and return with your completed Benefits Enrollment/Change Form.

9. Voluntary Benefits (after tax)

If you are newly hired or newly transferred from ineligible to eligible, you may elect to participate in any of Unum's Voluntary Group Hospital Indemnity, Group Critical Illness, or Individual Whole Life Insurance by calling Summa's Voluntary Benefits Call Center at 888.317.3759 Monday - Friday, 9:00 a.m. - 5:00 p.m. EST. Otherwise you may only elect to cancel or decrease your current voluntary benefit plan by contacting the Voluntary Benefits Call Center.

I authorize Summa Health's Employee Benefits to process my elections & understand that my personal eligibility information will be forwarded to each applicable carrier. Enrollment ID card(s) (if applicable) will require a minimum two-week wait before the carrier establishes my eligibility, produces, and mails Member ID cards. I understand claims will pend until my required family member verification documents are received and verified by Employee Benefits. I further understand that my family member's coverage start date may be delayed to a later date based on when I submit verification documentation to Employee Benefits for review and approval. I acknowledge that my bi-weekly benefit deduction(s) must remain in effect for the entire Plan Year unless I notify Employee Benefits within 31 days of a qualifying event and complete/submit all required forms. Summa Health plans provide care coordination, care management, utilization review and referral services to help manage the healthcare provided to covered members. By enrolling in Summa's health plan I understand that the plan will provide services to manage each covered member's care.

Employee Signature: _____ Date: _____

Family Member Eligibility Guidelines

Family members newly added to your Summa Health Employee Medical Benefit Plan must meet the definitions below. You must provide proof of their relationship to you. At the time you enroll, you must provide copies of your required documents to Employee Benefits for review or coverage for your family member will not begin until the first of the month following receipt and approval of your documents.

Email your documents to summabenefits@summahealth.org

Spouse

Definition: Your legal spouse

Acceptable Verification Documents:

- Spousal Affidavit form
- Copy of Page 1 of your most current Federal tax return (black out wage information)

-OR-

Copy of Marriage Certificate AND one of the following:

- Spousal Affidavit form
- Current joint bank account statement
- Current joint credit card statement
- Joint ownership of residence
- Sharing of household expenses (current utility bill, etc.)
- Designation of Power of Attorney
- Designation of one another as sole executor or beneficiary

Children – Up to age 26

Definition:

- Natural child or step-child
- Adopted child
- Foster child or child under legal guardianship
- Unmarried child age 26 or older who is mentally or physically handicapped; incapacity and dependency must have started prior to the child reaching the limiting age under the plan.

Acceptable Verification Documents:

- Birth certificate
- Copy of adoption papers
- Copy of custodial papers of legal guardianship
- Proof of child's incapacity and dependency must be furnished