

Wilbert® **Pre-Enrollment Worksheet**



Open enrollment will take place from November 14, 2016 to December 14, 2016. WFSI enrollment representatives will be at several of our locations to meet with all eligible employees to explain all of our insurance benefits and answer any questions you might have regarding our benefit package.



It is **mandatory** that each eligible employee meet with a Benefit Counselor from BenefitsDirect in order to enroll for benefits in 2017. Failure to meet with a Benefits Counselor to re-enroll will result in no benefits on January 1, 2017!! If you are eligible for benefits, but choose to waive the WFSI coverage, the Affordable Care Act requires that you formally waive your benefits. If you plan to waive benefits you will need to meet with an enrollment coordinator, as well!



Complete the attached enrollment materials in their **entirety**, including dependent social security numbers and beneficiary information, **before** meeting with the WFSI enrollment representative. The Affordable Care Act requires employers to collect the employee and your dependents' Social Security Numbers. Your enrollment will **not** be complete until you provide the required information.

NOTE: Once you begin the enrollment process you must complete the entire process or you will have to start over.



To qualify for the premium reduction, employees will need to complete a routine Biometric Screening. Be sure that your doctor returns the results to GPA and take the on-line Health Risk Assessment by March 31, 2017. Completion of the following will result in you **saving up to \$10 per pay period or \$260 annually** for your medical insurance coverage for both 2017 and 2018 plan years.

Should you have questions feel free to call the WFSI Benefits Hotline at (877) 208-2028 for answers to questions you may have about your benefits.

PARTICIPANT INFORMATION – Please print legibly.

EMPLOYEE:

LEGAL NAME (Last, First)	SSN	GENDER (M/F)	Date of Birth (MM/DD/YYYY)

You will be required to supply your SSN to complete enrollment.

MAILING STREET ADDRESS	CITY	STATE	ZIP CODE

HOME PHONE NUMBER	CELL PHONE NUMBER	HOME E-MAIL ADDRESS	WORK E-MAIL ADDRESS
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Your daytime telephone number will be required to complete enrollment.

SPOUSE:

LEGAL NAME (Last, First)	SSN	GENDER (M/F)	Date of Birth (MM/DD/YYYY)

You will be required to supply your spouse's SSN to complete enrollment.

* (CIRCLE ONE) YES OR NO – Does your eligible spouse have access to medical coverage elsewhere?

* (CIRCLE ONE) YES OR NO – Is your eligible spouse enrolled in medical coverage elsewhere?

CHILD/REN:

LEGAL NAME (Last, First)	SSN	GENDER (M/F)	Date of Birth (MM/DD/YYYY)

You will be required to supply your child(ren's) SSN(s) to complete enrollment.

MAILING STREET ADDRESS	CITY	STATE	ZIP CODE

Please copy and add extra sheet if more room is needed for dependents.

MEDICAL: (PLEASE, CIRCLE ELECTION.)

HSA \$2,600 Deductible Plan – Non-Tobacco User				
Employee contributions show a savings of \$10 per pay period (up to \$260 annually) for completion of a Biometric Screening and completion of the Health Risk Assessment not later than March 31, 2017.				
	Monthly Premium	Employer Monthly Contribution	Monthly Employee Contribution – With Wellness Incentive	Bi-Weekly Employee Contribution – With Wellness Incentive
Employee Only	\$470.02	\$366.02	\$104.00	\$48.00
EE + Spouse	\$1,047.77	\$787.77	\$260.00	\$120.00
EE + Child(ren)	\$807.29	\$579.79	\$227.50	\$105.00
Family	\$1,339.30	\$1,035.97	\$303.33	\$140.00
HSA \$2,600 Deductible Plan – Tobacco User				
Employee contributions show a savings of \$10 per pay period (up to \$260 annually) for completion of a Biometric Screening and completion of the Health Risk Assessment not later than March 31, 2017.				
	Monthly Premium	Employer Monthly Contribution	Monthly Employee Contribution – With Wellness Incentive	Bi-Weekly Employee Contribution – With Wellness Incentive
Employee Only	\$470.02	\$346.02	\$124.00	\$68.00
EE + Spouse	\$1,047.77	\$767.77	\$280.00	\$140.00
EE + Child(ren)	\$807.29	\$559.79	\$247.50	\$125.00
Family	\$1,339.30	\$1,015.97	\$323.33	\$160.00

If you use tobacco and did not complete an approved tobacco cessation course in 2016, you will pay \$20.00 more per pay period or \$520 more annually for your 2017 medical coverage than a Non-Tobacco User. You will have the opportunity to avoid the surcharge in 2017, if you participate in an approved tobacco cessation program in 2017 and/or cease tobacco use. See Enrollment Guide for more information.

WFSI would like to encourage you to participate in the Wellness Program. Effective January 1, 2017 through March 31, 2017 you will pay the discounted contribution amount shown above for your medical insurance election. See Enrollment Guide for more information.

If you only complete a portion or choose not to participate in the company Wellness Program your contribution will increase to the following contributions effective January 1, 2017.

HSA \$2,600 Deductible Plan – Non-Tobacco User				
Employee contributions show premium increase, no Wellness Incentive items were completed by March 31, 2017.				
	Monthly Premium	Employer Monthly Contribution	Monthly Employee Contribution	Bi-Weekly Employee Contribution
Employee Only	\$470.02	\$344.35	\$125.67	\$58.00
EE + Spouse	\$1,047.77	\$766.10	\$281.67	\$130.00
EE + Child(ren)	\$807.29	\$558.12	\$249.17	\$115.00
Family	\$1,339.30	\$1,014.30	\$325.00	\$150.00
HSA \$2,600 Deductible Plan – Tobacco User				
Employee contributions show premium increase, no Wellness Incentive items were completed by March 31, 2017.				
	Monthly Premium	Employer Monthly Contribution	Monthly Employee Contribution	Bi-Weekly Employee Contribution
Employee Only	\$470.02	\$301.02	\$169.00	\$78.00
EE + Spouse	\$1,047.77	\$722.77	\$325.00	\$150.00
EE + Child(ren)	\$807.29	\$514.79	\$292.50	\$135.00
Family	\$1,339.30	\$970.97	\$368.33	\$170.00

Circle one: Waive Medical Coverage

- Yes – I have other medical coverage.
- Yes – I do not have other medical coverage.

DENTAL: (PLEASE, CIRCLE ELECTION.) Bi-Weekly Cost to you.

	<u>Guardian Dental Plan</u>	<u>WAIVE COVERAGE</u>
EMPLOYEE	\$10.90	
EMPLOYEE/SPOUSE	\$27.00	Waive
EMPLOYEE/CHILD(REN)	\$20.30	Coverage
FAMILY	\$35.00	

VISION: (PLEASE, CIRCLE ELECTION.) Bi-Weekly Cost to you.

	<u>Guardian Vision Plan</u>	<u>WAIVE COVERAGE</u>
EMPLOYEE	\$3.78	
EMPLOYEE/SPOUSE	\$7.56	Waive
EMPLOYEE/CHILD(REN)	\$8.33	Coverage
FAMILY	\$12.11	

GROUP TERM LIFE/AD&D INSURANCE:

The company provides, at no cost to you, a \$25,000 Group Term Life Insurance policy for all employees. It has an Accidental Death & Dismemberment rider that doubles the value should the death or injury be accidental. **Please name a beneficiary.**

GROUP TERM LIFE/AD&D BENEFICIARY INFORMATION:

BASIC LIFE/AD&D - PRIMARY BENEFICIARIES

	NAME (Last, First)	SSN	DATE OF BIRTH	RELATIONSHIP	% (must total 100%)
1.					
2.					

BASIC LIFE/AD&D – CONTINGENT/SECONDARY BENEFICIARIES

(in the event primary beneficiaries are no longer living)

	NAME (Last, First)	SSN	DATE OF BIRTH	RELATIONSHIP	% (must total 100%)
1.					
2.					

SUPPLEMENTAL (VOLUNTARY) LIFE and AD&D INSURANCE:

To find out current election amounts, visit <https://selfservice.ascentis.com/WilbertFuneralServices> or have your enrollment representative call the WFSI Enrollment Center.

EMPLOYEE Voluntary Life and AD&D Coverage: PARTICIPATING? (CIRCLE ONE) YES OR NO

	<u>Example</u>	<u>Employee Amount</u>
CURRENT COVERAGE AMOUNT:	\$30,000	\$ _____
INCREASE IN COVERAGE AMOUNT EFFECTIVE 1/1/17:	\$10,000	\$ _____
TOTAL AMOUNT DESIRED EFFECTIVE 1/1/17:	\$40,000	\$ _____

Please elect \$10,000 increments to \$300,000. Minimum election is \$10,000. At this open enrollment you can elect up to \$200,000 without Evidence of Insurability (EOI). **Should an Evidence of Insurability (E of I) form be required, you must print it out from the website, complete it and turn it in as instructed in order for your election to be further considered.** If you fail to turn in the E of I form, your election will not be processed. Your Voluntary Life Insurance coverage Per Pay Period Deductions are age rated.

*** THE VOLUNTARY LIFE RATES SHOWN INCLUDE AD&D***

2017 Per Pay Period Deductions Include Employee Life and AD&D Insurance Coverage

<u>Age of Employee</u>	<u>Approx. Per Pay Period Deduction Per \$10,000</u>	<u>Age of Employee</u>	<u>Approx. Per Pay Period Deduction Per \$10,000</u>
Under 30	\$0.67	50-54	\$2.42
30-34	\$0.76	55-59	\$4.04
35-39	\$0.89	60-64	\$5.10
40-44	\$1.14	65-69	\$6.83
45-49	\$1.63	70+	\$9.22

EMPLOYEE MUST BE ENROLLED IN THE VOLUNTARY LIFE TO ENROLL DEPENDENTS

SPOUSE Voluntary Life and AD&D Coverage: PARTICIPATING? (CIRCLE ONE) YES OR NO

\$5,000 increments to a maximum of \$150,000 up to 100% of employee amount. Evidence of Insurability (E of I) may be required for amounts over \$50,000. Your Spouse Voluntary Life Insurance coverage Per Pay Period Deduction is aged rated. Spouse premiums are determined by employee's spouse age based on the rates shown above.

CHILD(REN) Voluntary Life Insurance Coverage Only: PARTICIPATING? (CIRCLE ONE) YES OR NO

\$1,000 increments to a maximum of \$10,000 not to exceed 10% of Employee's amount. Evidence of Insurability (E of I) may be required. Coverage is for a dependent unit (**regardless the number of children**). Rate per \$1,000 is \$0.09 per pay period. Voluntary AD&D coverage is available for employee and spouse only.

SUPPLEMENTAL (VOLUNTARY) LIFE/AD&D BENEFICIARY INFORMATION:

Please name beneficiary.

SUPPLEMENTAL (VOLUNTARY) LIFE/AD&D - PRIMARY BENEFICIARIES

	NAME (Last, First)	SSN	DATE OF BIRTH	RELATIONSHIP	% (must total 100%)
1.					
2.					

SUPPLEMENTAL (VOLUNTARY) LIFE/AD&D – CONTINGENT/SECONDARY BENEFICIARIES (in the event primary beneficiaries are no longer living)

	NAME (Last, First)	SSN	DATE OF BIRTH	RELATIONSHIP	% (must total 100%)
1.					
2.					

HEALTH SAVINGS ACCOUNT (HSA):

If you elect to enroll in the medical plan and you are eligible and wish to open a Health Savings Account (HSA) through Optum Bank, you will need to review and accept account terms and conditions. Terms and conditions of the HSA will be available either online at <https://selfservice.ascentis.com/WilbertFuneralServices> or by calling the enrollment center hotline at (800) 863-7241. You must complete this process and accept the terms and conditions in order to open and have access to a Optum Bank HSA.

DO YOU WISH TO CONTRIBUTE PRE-TAX DOLLARS TO AN HSA? (CIRCLE ONE) YES OR NO

IF PARTICIPATING: NOTE ANNUAL CONTRIBUTION AMOUNT FOR AN INDIVIDUAL ACCOUNT IS \$3,400, FOR FAMILY ACCOUNT IT IS \$6,750. THERE IS A CATCH-UP CONTRIBUTION OF \$1,000 FOR INDIVIDUALS AGE 55 AND UP.

**WFSI will match dollar-for-dollar the first \$15.00 of employee contributions per pay period!!
You are required to contribute a minimum of \$15 per pay period.**

Please indicate below your estimated pre-tax contribution. The amount per pay period will be deducted from your first pay check in 2017. You are able to change your pre-tax election on a monthly basis after the first pay run in 2017. Please notify payroll of all requested changes no later than 3 days prior to the next payroll date.

\$_____ annual divided by the remaining payroll periods = \$_____ per pay period

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT:

Allows working parents to pay for day care and before/after school expenses with pre-tax dollars.

Participating (CIRCLE ONE) YES OR NO

IF PARTICIPATING: NOTE ANNUAL CONTRIBUTION AMOUNT THROUGH 12/31/17 BELOW (\$5,000 MAXIMUM)
(To determine your payroll deduction, divide your annual contribution by a total of 26 pay periods or remaining pay periods in year)

\$_____ annual divided by the remaining payroll periods = \$_____ per pay period

ELECTIONS MUST BE MADE ON AN ANNUAL BASIS AND CANNOT BE CHANGED UNLESS THERE IS A QUALIFYING EVENT.

VOLUNTARY WORKSITE PRODUCTS: (PLEASE, CIRCLE ONE.)

Are you interested in enrolling in any or all of the Voluntary Worksite Products? Your cost(s) will be discussed with your enrollment representative.

Yes or No Personal Indemnity Accident Insurance

Yes or No Cancer Insurance

Yes or No Critical Illness Insurance

Yes or No Universal Life