

TRI-COM CONSULTING
Employee Benefits Enrollment Form

Open Enrollment Effective Date: 12/01/2023

Employee Full Name		Date of Birth
Home Address		
Email		Phone
Date of Hire	Job Title	

Plan Enrollment (December 1, 2023 - November 30, 2024)

Name	SSN	DOB	Anthem Health	Health Plan Choice	UHC Dental	UHC Vision
Employee			<div><div>___ Enroll</div><div>___ Waive</div></div>	<div>HSA 5000 (72YM)</div> <div>HSA 3000 (72YL)</div> <div>5000 PPO (72X1)</div>	<div><div>___ Enroll</div><div>___ Waive</div></div>	<div><div>___ Enroll</div><div>___ Waive</div></div>
Spouse			<div>___ Enroll</div>		<div><div>___ Enroll</div></div>	<div><div>___ Enroll</div></div>
Child			<div>___ Enroll</div>		<div><div>___ Enroll</div></div>	<div><div>___ Enroll</div></div>
Child			<div>___ Enroll</div>		<div><div>___ Enroll</div></div>	<div><div>___ Enroll</div></div>
Child			<div>___ Enroll</div>		<div><div>___ Enroll</div></div>	<div><div>___ Enroll</div></div>

Signature Required

Your signature below is an acceptance of your enrollment elections for the December 1, 2023 - November 30, 2024 benefit year.
All enrollments and changes are effective December 1, 2023.

Sign here: _____ Printed Name: _____ Date: _____

Waiver of Coverage

	I am waiving health insurance benefits for the 1/1/2023-12/31/2023 year
	I am waiving dental insurance benefits for the 1/1/2023-12/31/2023 year
	I am waiving vision insurance benefits for the 1/1/2023-12/31/2023 year

I hereby certify that I have been given the opportunity to apply for the available employee benefits offered by my employer, my options were explained to me, and I and/or my dependent(s) decline to participate. Neither I nor my dependent(s) were induced or pressured by my employer, agent, or carrier, into declining this coverage, but elected of my (our) own accord to decline coverage.

I understand that if I wish to apply for such coverage in the future, I will be required to provide proof of eligibilty for a qualifying event for a special election period.

Sign here to waive the above benefits: _____ Printed Name: _____ Date: _____