



## Saint Louis University Benefits Enrollment/Change Form

(Please note: the completion of this form does not guarantee coverage.)

I. Employee Information		Please complete all fields below.				
Last Name		First Name		MI	SSN	Employee ID Number 000
Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			Primary Contact Number or E-Mail	

**New Hire Enrollment** . . . . . Date of Hire: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Adding Coverage for Self or Dependent** (Check ONE below)

Date of Qualifying Event \_\_\_\_/\_\_\_\_/\_\_\_\_

Employment Status Change

Birth/Adoption

Marriage

Other \_\_\_\_\_

**Terminating coverage for Self:** (Check ONE)

Date of Qualifying Event \_\_\_\_/\_\_\_\_/\_\_\_\_

Newly eligible for coverage (e.g. spouse or Medicare)

**Terminating coverage for Dependent:** (Check ONE)

Date of Qualifying Event \_\_\_\_/\_\_\_\_/\_\_\_\_

Dependent Name: \_\_\_\_\_

Death

Divorce

Dependent Loss of Eligibility (e.g. age)

Change in Benefit Eligibility  
(e.g. newly eligible for other coverage per SLU's Working Spouse Rule\*)

\*Effective 01/01/2016, the spouse of a SLU employee is not eligible to be covered through SLU's medical plan if he/she is employed and has access to qualified group medical coverage through his/her own employer. This rule does not apply to other benefits such as dental, vision and accident.

II. Coverage Information	Please make a <b>new</b> benefit and coverage level election per line below.				
Benefit	Benefit Election		Coverage Level Election (EE = Employee)		
Medical (UHC)	<input type="checkbox"/> Plus Plan	<input type="checkbox"/> QHDHP	<input type="checkbox"/> Waive	<input type="checkbox"/> EE Only <input type="checkbox"/> EE + Spouse <input type="checkbox"/> EE + Child(ren) <input type="checkbox"/> EE + Family	<input type="checkbox"/> N/A
Dental (Delta Dental)	<input type="checkbox"/> Flex Option	<input type="checkbox"/> Basic Plus	<input type="checkbox"/> Waive	<input type="checkbox"/> EE Only <input type="checkbox"/> EE + 1 <input type="checkbox"/> EE + Family	<input type="checkbox"/> N/A
Vision	<input type="checkbox"/> VSP	<input type="checkbox"/> Waive	<input type="checkbox"/> Waive	<input type="checkbox"/> EE Only <input type="checkbox"/> EE + Spouse <input type="checkbox"/> EE + Child(ren) <input type="checkbox"/> EE + Family	<input type="checkbox"/> N/A
Accident	<input type="checkbox"/> VOYA	<input type="checkbox"/> Waive	<input type="checkbox"/> Waive	<input type="checkbox"/> EE Only <input type="checkbox"/> EE + Spouse <input type="checkbox"/> EE + Child(ren) <input type="checkbox"/> EE + Family	<input type="checkbox"/> N/A

Saint Louis University offers a standalone benefit package, meaning you may enroll in or waive each benefit individually. The Employee + 1 tier for dental coverage is reserved for an employee enrolling only one eligible dependent and themselves. The family tier is reserved for employees enrolling more than one dependent into the benefit.

Medical references above and throughout this form includes coverage for both United Healthcare medical and Express Scripts, Inc. prescription drug benefits.

Please note that annual plans such as Health Savings Accounts, Flexible Spending Accounts and the Dependent Care Assistance Program will require the completion of separate forms should employees wish to enroll, or change elections due to a qualifying event.

III. Dependent Information	New enrollment: provide the information requested below for each eligible dependent you wish to enroll. Changing coverage: List ALL eligible dependents that should have coverage as a result of your change.				
Last Name, First Name, MI	Relationship	SSN	Date of Birth	Gender	Coverage
Spouse					<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Accident
Child	<input type="checkbox"/> Child <input type="checkbox"/> Step-Child				<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Accident
Child	<input type="checkbox"/> Child <input type="checkbox"/> Step-Child				<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Accident
Child	<input type="checkbox"/> Child <input type="checkbox"/> Step-Child				<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Accident
Child	<input type="checkbox"/> Child <input type="checkbox"/> Step-Child				<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Accident
Child	<input type="checkbox"/> Child <input type="checkbox"/> Step-Child				<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Accident

IV. Employee Signature	I confirm and approve of all changes, additions, waivers and/or terminations as listed above.
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Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this form and all supporting documentation to the Benefits Office, located in the Wool Center at 3545 Lindell Blvd, St. Louis, MO 63103, fax to 314-977-1785, or scan and email to [benefits@slu.edu](mailto:benefits@slu.edu). Please call 314-977-2595 should there be any questions.



## Saint Louis University Benefits Enrollment/Change Form

### Terms and Conditions

Employee benefits become effective as of the first date of full-time employment. When electing benefit coverage, the employee's share of the cost of coverage which was selected will automatically be deducted per paycheck. Any election(s) made will remain in effect until a change in employment status has taken place, or changed by the employee during an annual open enrollment. Employees who wish to make changes during Saint Louis University's annual open enrollment may do so from November 1<sup>st</sup>, through the Friday prior to the Thanksgiving holiday (i.e., November 17, 2017). Any change(s) made at that time will take effect January 1<sup>st</sup> of the following year. **All other changes that may occur throughout the plan year need to be completed within 31 days of the qualifying event or life change in order for the immediate change to be reflected in employees' benefits coverage.**

Examples of a qualifying event or life change would include (but not limited to) marriage, divorce, birth/adoption, death of a covered dependent, or loss or gain of employer-sponsored insurance coverage. To enroll or make changes during the plan year and outside of the new hire enrollment period, a new Benefits Enrollment/Change form must be submitted and accompanied by all applicable supporting documentation. Changes in benefit coverage must be both due to and consistent with the qualifying event or life change. Employees may **only** elect or make changes to benefits coverage within 31 days of the first date of full-time employment, during a qualifying event, or during open enrollment.

### Supporting Documentation

In order to cover eligible dependents, supporting documentation must be submitted within 31 days following the date of full-time employment, or 31 days following a qualifying event or life change. In general, eligible dependents include your legal spouse or child up to the age of 26. Children may include natural, adopted or step-children.

When adding a legal spouse to medical coverage for the first time, the following documents must accompany this form: (1) a copy of a marriage certificate, (2) a SLU Spousal Healthcare Affidavit, and either (3) a copy of the front page of the employee's most recent tax return with the spouse's name listed (financial information may be concealed), or (4) a copy of a household bill distributed within the past 60 days and showing both the employee and spouse's names.

When adding an eligible child for the first time to benefits coverage, the following documents must accompany this form: (1) a copy of a birth certificate per dependent child, or (2) adoption records. All documents may be submitted to the Benefits Office using the contact information as shown below.

### Vitality Wellness Program

Please note that employees who wish to add a spouse to their medical coverage during a qualifying event or life change must also have the spouse complete the two requirements of the Vitality program within 31 days of their effective date, in order for the employee to continue to receive the medical premium discount. If the employee is currently receiving the medical premium discount and the newly added spouse does not fulfill the Vitality program requirements within 31 days of their effective date, the medical premium discount will be removed from the deduction. Dependent children are not required to complete these requirements in order to obtain or maintain the medical premium discount.

The Vitality Check may be completed by visiting any authorized healthcare provider. Additionally, employees and spouses may utilize SLU's MyCare program through SLUCare's department of Family and Community Medicine. Please call 314-977-3500 to schedule an appointment with MyCare for a Vitality Check screening.

The Vitality Health Review (VHR) must be completed by employees and spouses through Vitality's website [www.powerofvitality.com](http://www.powerofvitality.com). Employees must ensure that spouses are enrolled as a dependent on their mySLU Banner Self-Service accounts prior to the spouse completing this step.

### FOR EMPLOYER USE ONLY

MEDICAL		DENTAL		VISION		ACCIDENT	
<input type="checkbox"/> MN	<input type="checkbox"/> BW	<input type="checkbox"/> MN	<input type="checkbox"/> BW	<input type="checkbox"/> MN	<input type="checkbox"/> BW	<input type="checkbox"/> MN	<input type="checkbox"/> BW
<input type="checkbox"/> Subsidy	<input type="checkbox"/> Vitality	<input type="checkbox"/> Banner	<input type="checkbox"/> Dental File	<input type="checkbox"/> Banner	<input type="checkbox"/> Vision File	<input type="checkbox"/> Banner	<input type="checkbox"/> Accident File
<input type="checkbox"/> Banner	<input type="checkbox"/> BCOV	Arrears _____ \$ _____		Arrears _____ \$ _____		Arrears _____ \$ _____	
<input type="checkbox"/> Verified	<input type="checkbox"/> PHICHEK	Check Missed _____ PHICHEK _____		Check Missed _____ PHICHEK _____		Check Missed _____ PHICHEK _____	
<input type="checkbox"/> Spousal Affidavit	<input type="checkbox"/> Bill/1040						
<input type="checkbox"/> Marriage Cert.	<input type="checkbox"/> Birth Cert.(s)						
<input type="checkbox"/> QE Letter							