

# CALTECH Employee Benefits Enrollment Form

<b>1. Personal Information</b>								For Internal Office Use Only			
Last Name			First Name			M.I.		<input type="checkbox"/> Full cost staff benefits <input type="checkbox"/> Yes <input type="checkbox"/> No			
Street Address								Pay ID:	Org ID:		
City			State			ZIP		Coverage Effective Date:			
Telephone (day)			Telephone (evening)			Social Security Number		Reviewed/Input By:			
Date of Birth		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Hire		Employee Number		<input type="checkbox"/> Campus employee <input type="checkbox"/> JPL employee	<input type="checkbox"/> Late Applicant <input type="checkbox"/> COBRA Event Dep. Ineligible/Eligible:			
<b>2. Reason for Enrollment/Change</b>											
<b>Check one reason:</b> <input type="checkbox"/> I am a new hire — Have you worked at Campus or JPL before? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I am enrolling during Benefits Annual Enrollment <input type="checkbox"/> There has been a change in my family status — <b>also complete section at right</b> <input type="checkbox"/> I have moved to a new address only (no other family status change)				<b>If there has been a change in your family status, check one of the following boxes AND provide the date of the change:</b> <input type="checkbox"/> Birth/adoption <input type="checkbox"/> Marriage <input type="checkbox"/> Change in spouse's employment <input type="checkbox"/> Relocation <input type="checkbox"/> Divorce* <input type="checkbox"/> Legal separation* <input type="checkbox"/> Child is no longer a full-time student* <input type="checkbox"/> Child reaches age 25* <input type="checkbox"/> Death* <input type="checkbox"/> Other: _____				<b>Date of change:</b> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>			
*Please contact your Benefits Office to provide mailing address for dependent losing eligibility for Caltech coverage.											
<b>3. Medical</b>					<b>4. Dental</b>						
<b>Check one plan option:</b> <input type="checkbox"/> Anthem Blue Cross PPO <input type="checkbox"/> Anthem Blue Cross HMO <input type="checkbox"/> Kaiser (HMO) <input type="checkbox"/> Waive medical coverage <input type="checkbox"/> Cancel medical coverage		<b>Check one coverage level:</b> <input type="checkbox"/> Employee only <input type="checkbox"/> Employee + child(ren) <input type="checkbox"/> Employee + spouse <input type="checkbox"/> Employee + spouse + child(ren) <b>Also complete section 5 below.</b>		For Internal Office Use Only Group #:	<b>Check one plan option:</b> <input type="checkbox"/> Delta Dental <input type="checkbox"/> Safeguard Dental <input type="checkbox"/> Waive dental coverage <input type="checkbox"/> Cancel dental coverage		<b>Check one coverage level:</b> <input type="checkbox"/> Employee only <input type="checkbox"/> Employee + child(ren) <input type="checkbox"/> Employee + spouse <input type="checkbox"/> Employee + spouse + child(ren) <b>Also complete section 5 below.</b>		For Internal Office Use Only Group #:		
<b>5. Employee and Dependent Information for Medical and Dental</b>											
<b>Employee</b>											
If enrolling in Anthem Blue Cross HMO, find your Primary Care Provider (PCP) at <a href="http://anthem.com/ca/caltech">anthem.com/ca/caltech</a> . PCP's Provider Code: _____ Are you currently a patient of this provider? <input type="checkbox"/> Yes <input type="checkbox"/> No					If enrolling in Safeguard, find your Dental Facility Number at <a href="http://safeguard.net/custom_sites/caltech/caltech.htm">safeguard.net/custom_sites/caltech/caltech.htm</a> . Dental Facility Number: _____						
<b>Dependents</b>											
Name (Last, First, M.I.)	Medical	Dental	REL Code*	Social Security #		Date of Birth	Gender	For Anthem Blue Cross HMO Provider Code:	For Safeguard Facility Number:		
	<input type="checkbox"/> Add <input type="checkbox"/> Delete	<input type="checkbox"/> Add <input type="checkbox"/> Delete					<input type="checkbox"/> M <input type="checkbox"/> F	Current patient? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Add <input type="checkbox"/> Delete	<input type="checkbox"/> Add <input type="checkbox"/> Delete					<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Add <input type="checkbox"/> Delete	<input type="checkbox"/> Add <input type="checkbox"/> Delete					<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Add <input type="checkbox"/> Delete	<input type="checkbox"/> Add <input type="checkbox"/> Delete					<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Add <input type="checkbox"/> Delete	<input type="checkbox"/> Add <input type="checkbox"/> Delete					<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No			

\*What is this person's relationship to you? **SP** = spouse, **SSDP** = Same Sex Domestic Partner, **RDP** = Registered Domestic Partner, **CH** = Child (up to age 19), **ST** = Student (age 19 – 25), **HC** = Handicapped Child (age 19 or over)

<b>6. Long-Term Disability (LTD)</b>		
<b>BASIC LTD</b> Caltech provides you with Basic LTD coverage equal to 40% of your regular salary at no cost to you.	<b>SUPPLEMENTAL LTD</b> You have the option to purchase Supplemental LTD for total coverage equal to 60% of your regular salary. Evidence of insurability may be required. <b>Check one option:</b> <input type="checkbox"/> Elect 60% LTD Coverage <input type="checkbox"/> Waive/Cancel 60% LTD Coverage	<b>For Internal Office Use Only</b> <input type="checkbox"/> EOI required?

<b>7. Life Insurance</b>			
<b>BASIC EMPLOYEE LIFE</b> Caltech provides you with Basic Life insurance equal to one times your base salary up to a maximum of \$50,000 at no cost to you.	<b>SUPPLEMENTAL EMPLOYEE LIFE</b> You have the option to purchase Supplemental Life insurance. Evidence of Insurability may be required. New hires can elect up to 3 times base salary (\$500,000 max) without Evidence of Insurability. Refer to scheduled reductions in benefit amounts at ages 65 and 70.  <b>Check one option:</b> <input type="checkbox"/> Elect 1 times base salary <input type="checkbox"/> Elect 4 times base salary <input type="checkbox"/> Elect 2 times base salary <input type="checkbox"/> Elect 5 times base salary <input type="checkbox"/> Elect 3 times base salary <input type="checkbox"/> Waive/Cancel	<b>DEPENDENT LIFE</b> You have the option to purchase Dependent Life insurance, which cannot exceed 50% of your total employee life coverage. Evidence of Insurability may be required for Spouse coverage.  <b>Check one Spouse option:</b> <input type="checkbox"/> Elect — enter amount in \$10,000 increment (up to \$200,000): \$ _____ <input type="checkbox"/> Waive/Cancel  <b>Check one Child option:</b> <input type="checkbox"/> Elect (\$10,000 per child) <input type="checkbox"/> Waive/Cancel	<b>For Internal Office Use Only</b> <input type="checkbox"/> EOI required for ee?  <input type="checkbox"/> EOI required for spouse?

<b>8. Personal Accident Insurance (PAI)</b>		
You may purchase PAI up to \$150,000 or 10 times your annual salary, whichever is greater.		<b>For Internal Office Use Only</b>
<b>Check one option:</b> <input type="checkbox"/> Elect \$10,000 (A) <input type="checkbox"/> Elect \$75,000 (D) <input type="checkbox"/> Elect \$150,000 (G) <input type="checkbox"/> Elect \$300,000 (J) <input type="checkbox"/> Elect \$450,000 (M) <input type="checkbox"/> Elect \$25,000 (B) <input type="checkbox"/> Elect \$100,000 (E) <input type="checkbox"/> Elect \$200,000 (H) <input type="checkbox"/> Elect \$350,000 (K) <input type="checkbox"/> Elect \$500,000 (N) <input type="checkbox"/> Elect \$50,000 (C) <input type="checkbox"/> Elect \$125,000 (F) <input type="checkbox"/> Elect \$250,000 (I) <input type="checkbox"/> Elect \$400,000 (L) <input type="checkbox"/> Waive/Cancel PAI		<b>If electing PAI, check one coverage level:</b> <input type="checkbox"/> Employee only <input type="checkbox"/> Employee + child(ren) <input type="checkbox"/> Employee + spouse + child(ren)

<b>9. Spending Accounts (read all terms and conditions of these plans carefully)</b>		
<b>HEALTH CARE SPENDING ACCOUNT</b> <input type="checkbox"/> Contribute — enter ANNUAL AMOUNT you want to contribute (from \$120 up to \$5,000). Your pre-tax contribution will be deducted from your pay in equal monthly installments.  \$ _____ for the calendar year <input type="checkbox"/> Waive/Cancel	<b>DEPENDENT DAY CARE SPENDING ACCOUNT</b> <input type="checkbox"/> Contribute — enter ANNUAL AMOUNT you want to contribute (up to \$5,000 if single or married filing income taxes jointly; up to \$2,500 if married filing separately). Your pre-tax contribution will be deducted from your pay in equal monthly installments.  \$ _____ for the calendar year <input type="checkbox"/> Waive/Cancel	<b>For Internal Office Use Only</b> HCSA per month = \$ _____ DCSA per month = \$ _____

**By authorizing my elections I agree to and understand the following:**

My benefit choices may result in certain deductions from my paycheck each pay period. Medical and dental deductions are pre-tax. If I prefer after-tax deductions, I can contact the Benefits Office. Should my employment terminate, I authorize my employer to make any required payroll deductions associated with my benefit elections from my final paycheck.

I certify that the information I provided on this form about my family status and my dependents' eligibility for benefits under Caltech's benefit plan is accurate. Failure to report accurate information about my family status and my dependents could result in disciplinary action, including termination of employment from Caltech.

If I select Anthem Blue Cross, Kaiser or Safeguard for my covered dependents, we agree that any claim (except if Caltech must comply with ERISA regarding certain benefit-related disputes) that we assert for alleged violation of any duty arising out of or relating to the Service Agreement, including any claim for medical or hospital malpractice, for premises liability, or relating to the coverage for, or delivery of, services or items pursuant to the Agreement, irrespective of legal theory (but not including small claims court cases or claims subject to a Medicare appeals procedure), must be decided by binding arbitration under California law and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. We agree to give up our right to a jury trial and accept the use of binding arbitration.

The supplemental Life and supplemental LTD plans may require approval from the insurance carrier and will not be effective unless and until the Benefits Office receives the approval.

Caltech reserves the right to change, suspend or terminate its benefits programs, in whole or part, at any time for any reason.

**I have read, understand and agree to the provisions stated above.**

<b>Signature</b>			<b>Date</b>	
<b>Last Name</b>	<b>First Name</b>	<b>M.I.</b>	<b>Social Security #</b>	<b>Employee #</b>
<b>For Internal Office Use Only</b>	<b>Pay ID</b>	<b>Coverage Effective Date</b>	<input type="checkbox"/> Late Applicant	<b>Reviewed/Input By</b>