

# Annual Benefits Renewal Election Form

## Employee Information

Full Name

Employee ID

Email

Department

Date

## Medical Plan Election

☐ Elect Medical Plan

☐ Waive Medical Plan

If electing, select plan

## Dental Plan Election

☐ Elect Dental Plan

☐ Waive Dental Plan

If electing, select plan

## Vision Plan Election

☐ Elect Vision Plan

☐ Waive Vision Plan

If electing, select plan

## Dependent Information

Dependent Name

Date of Birth

Relationship

**Other Benefits**

- ☐ Life Insurance
- ☐ Disability Insurance
- ☐ Flexible Spending Account (FSA)
- ☐ Health Savings Account (HSA)

**Employee Signature**

Signature

Date