

Benefits Enrollment Worksheet

For your convenience we have provided this worksheet to elect your new hire benefits. The benefits that you choose will remain in effect until your annual Open Enrollment or you experience an eligible life event, as determined by federal law. Refer to your benefits booklet for plan details and costs. If you have questions, please contact the Office of Human Resources - Benefits by e-mail (benserv@udel.edu) or phone (302) 831-2171.

Employee information

Hire Date: _____

Name: _____

Employee ID: _____

Email: _____

Phone: _____

Dependent Information

List Spouse/Dependent Name(s)	Gender	Social Security Number	Birth Date	Relationship	Primary Care Physician Number (BlueCare & Aetna HMOs only)	Current Patient?
EMPLOYEE				SELF		<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

Please note - Documentation is required when initially enrolling a dependent under any benefit plan. This includes a marriage certificate when covering a spouse, affidavit of domestic partnership for same-sex partner, and birth or adoption certification when covering a dependent child.

CHECK YOUR BENEFITS

Medical	Employee Only	Employee & Spouse	Employee & Child(ren)	Family	Employee Life Insurance
First State Basic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$10,000 <input type="checkbox"/>
Aetna CDH Gold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$50,000 <input type="checkbox"/>
BCBS CDH Gold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2X benefits base salary <input type="checkbox"/>
Aetna HMO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$100,000 <input type="checkbox"/>
Blue Care HMO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4X benefits base salary <input type="checkbox"/>
Comprehensive PPO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dependent Life Insurance
Waive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$5,000 spouse/\$2,000 each child <input type="checkbox"/>
					\$10,000 spouse/\$4,000 each child <input type="checkbox"/>
					\$15,000 spouse/\$6,000 each child <input type="checkbox"/>
					\$20,000 spouse/\$8,000 each child <input type="checkbox"/>
					Waive <input type="checkbox"/>
Dental	Employee Only	Employee & Spouse or Partner	Employee & Child(ren)	Family	
Coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Waive	<input type="checkbox"/>				
Vision					Long Term Disability
Coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Standard Option <input type="checkbox"/>
Waive	<input type="checkbox"/>				High Option <input type="checkbox"/>
Flexible Spending Account – Healthcare					Flexible Spending Account – Dependent (Day) Care
<input type="checkbox"/> Total for the calendar year _____					<input type="checkbox"/> Total for the calendar year _____
<input type="checkbox"/> Waive					<input type="checkbox"/> Waive

Documentation and forms you may need to provide.	
Affidavit of Domestic Partnership	Waiver of Medical Insurance Form/Copy of Insurance Card
Marriage Certificate	Life Beneficiary Form
Spousal Coordination Form	P1 – For State Pension Eligible employees
Birth or Adoption Certificates	Blood Bank Membership Application
Dependent Coordination of Benefits Form	