



# EMPLOYEE BENEFITS

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## 2019 BENEFIT PLANS





# 2019 Employee Benefits Summary



PLAN	DESCRIPTION	PAGE
<b>Medical</b> <i>UnitedHealthcare</i>	Comprehensive coverage for medical care and prescription drugs	3
<b>Dental</b> <i>UnitedHealthcare</i>	Coverage for routine, basic and major dental services.	4
<b>Vision</b> <i>UnitedHealthcare</i>	Coverage for exams and materials.	4
<b>Health Care FSA</b> <i>GIS Benefits &amp; Boon Chapman</i>	Tax-free Flexible Spending Account (FSA) for health care expenses from an account that is funded through pre-tax payroll deductions. Eligible expenses include out-of-pocket costs (deductibles, co-payments, etc.) for medical care, prescriptions, dental and vision care.	5
<b>Dependent Care FSA</b> <i>GIS Benefits &amp; Boon Chapman</i>	Tax-free Flexible Spending Account (FSA) for dependent day care expenses including babysitting, before and after-school programs, pre-school programs, and elder care for eligible children and other dependents.	5
<b>Voluntary Life Insurance</b> <i>MetLife</i>	Employee-paid voluntary life insurance or accidental death and dismemberment (AD&D) for the employee, spouse or children	6
<b>Short Term Disability</b> <i>MetLife</i>	Benefit payments for the first 26 weeks following an illness or injury that prevents an employee from working	7
<b>Long Term Disability</b> <i>MetLife</i>	Benefit payments following a 180-day elimination period for an illness or injury that prevents an employee from working	8
<b>Voluntary Plans</b> <i>MetLife</i>	Additional insurance options to cover accidents and critical illnesses	9-10
<b>Legal Plan</b> <i>MetLife &amp; Hyatt Legal</i>	Fully covered legal advice and representation for most personal legal matters (employment and business-related matters are excluded from coverage)	11

## PLANS THAT CAN BE CHANGED ANY TIME OF THE YEAR

<b>401(k)</b> <i>MassMutual</i>	Convenient way to save for retirement through pre-tax employee contributions
<b>529 Plan</b> <i>Invesco CollegeBound</i>	Save for higher education expenses through investments designed to provide tax-free withdrawals
<b>Pet Insurance</b> <i>Nationwide</i>	Medical and wellness plans for dogs, cats, birds and exotic pets
<b>Credit Union</b> <i>Great Lakes Credit Union</i>	Member-owned financial institution with a goal of providing low interest rate loans, high dividend checking and low service fees
<b>Identity Theft Protection</b> <i>LifeLock</i>	Suite of products to detect identity-related incidents, alert members to suspicious activity and address identity theft-related issues on behalf of victims





**MEDICAL PLANS & PREMIUMS – WISCONSIN EMPLOYEES  
UNITEDHEALTHCARE (UHC)  
JANUARY 1, 2019 – DECEMBER 31, 2019**

*New hires are eligible for benefits to begin on the 1st of the month following 60 days of employment.*

<b>Plan Name</b>	<b>BDRY</b>	<b>BDQF</b>
<b>Plan Type</b>	<b>PPO</b>	<b>HDHP/H.S.A.</b>
Provider Network	Choice Plus	Choice Plus
<b><u>In-Network Benefits</u></b>		
Deductible	\$2,500	\$6,350
Coinsurance (Paid by Plan)	80% after deductible	100% after deductible
Out-of-Pocket Max (Includes Deductible)	\$6,000	\$6,350
Office Visit Copay (Primary Care Phys)	\$30	0% after deductible
Office Visit Copay (Specialist)	\$60	0% after deductible
Inpatient Hospital Copay	20% after deductible	0% after deductible
Emergency Room Copay	\$250 + 20% coinsurance	0% after deductible
Urgent Care Copay	\$75	0% after deductible
Preventive Care Copay	No charge	No charge
Rx Copay (Tiers)	\$10/\$35/\$60	0% after deductible
<b><u>Employee Premiums Per Pay Period</u></b>		
Employee-Only	\$156.00	\$57.23
Employee+Spouse	\$441.84	\$267.40
Employee+Child(ren)	\$343.09	\$200.22
Employee+Family	\$680.89	\$430.03

This benefit summary is intended only to highlight the benefits and should not be relied upon to fully determine coverage. If this benefit summary conflicts in any way with the Certificate of Coverage (COC), Riders, and/or Amendments, those documents shall prevail. It is recommended that you review these documents for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.



**DENTAL & VISION PLANS & PREMIUMS  
UNITEDHEALTHCARE (UHC)  
JANUARY 1, 2019 – DECEMBER 31, 2019**

<b>DENTAL PLAN</b>	<b>PPO PLAN</b>
Provider Network	National Options PPO 20
<b><u>In-Network Benefits</u></b>	
Preventive Care (exams, cleanings)	No charge
Deductible	\$50 / person
Basic Care (fillings, simple extractions)	20% after deductible
Major Care (crowns, bridges)	50% after deductible
Annual Maximum Benefit Paid by Plan	\$1,000 / person
<b><u>Employee Premiums Per Pay Period</u></b>	
Employee-Only	\$9.36
Employee+Spouse	\$18.71
Employee+Child(ren)	\$19.83
Family	\$30.58

<b>VISION PLAN</b>	<b>PPO PLAN</b>
Provider Network	UnitedHealthcare
<b><u>In-Network Benefits</u></b>	
Exam (paid by member)	\$15 copay
Materials (frames, lenses, or contact lenses)	\$30 copay
Lenses (single, lined bifocal, lined trifocal)	Covered after copay
Frames	\$150 allowance, 30% off balance over \$150
Contact Lenses	Up to 4 (selection) boxes covered after copay
<b><u>Employee Premiums Per Pay Period</u></b>	
Employee-Only	\$3.13
Employee+Spouse	\$5.94
Employee+Child(ren)	\$6.97
Family	\$9.81

This benefit summary is intended only to highlight the benefits and should not be relied upon to fully determine coverage. If this benefit summary conflicts in any way with the Certificate of Coverage (COC), Riders, and/or Amendments, those documents shall prevail. It is recommended that you review these documents for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.



## Tax-Favored Accounts

## Keep You in the Green

*Every one of us would like to have more money in our pocket.  
Participating in your company-sponsored Flexible Spending Account  
can help you do just that!*

You ask your employer to set aside **money** - on a before-tax basis - that can be used to **reimburse** you for **expenses** you have to pay anyway. By taking advantage of your company's **Flexible Spending Plan**, Uncle Sam actually helps you pay part of certain unreimbursed expenses. The rules permit several basic categories of expenses to be reimbursed by a **Flexible Spending Account(FSA)**. These categories are outlined in the right-hand column:

### What types of FSAs are available?

#### Health Care Reimbursement

You can set aside up to \$2,700 annually in a Health Care Reimbursement Account to pay for qualified, medically necessary medical, dental or optical expenses that are not covered by any of your insurance plans. You can see a partial list of eligible expenses in the frequently asked questions section of this brochure. These funds can be used to reimburse you for expenses incurred by you or your eligible dependents.

#### Dependent Care Reimbursement

You can set aside up to \$5,000 annually to offset daycare expenses for your eligible children or elderly dependents. (Note: You may set aside up to \$2,500 if you are married and file a separate federal income tax return.) Daycare expenses are defined as those that are necessary in order for you (and your spouse, if you're married) to continue working.

# We make it simple.



## Supplemental Term Life

**Build Your Benefit** With MetLife's Supplemental Term Life insurance, you have the opportunity to buy valuable life insurance coverage for yourself, your spouse and your dependent children – all at affordable group rates. All active, full-time employees working at least 30 hours per week are eligible to enroll on the first of the month after 30 days of employment.

	Employee	Spouse & Child	
		Spouse <sup>1</sup>	Child
<b>Life Coverage: provides a benefit in the event of death Schedules:</b>	Increments of \$10,000	Increments of \$5,000	Flat Amount: \$1,000, \$2,000, \$4,000, \$5,000, or \$10,000
<b>Non Medical Maximum</b>	\$150,000	\$50,000	\$10,000
<b>Overall Benefit Maximum</b>	The lesser of 5 times Your Basic Annual Earnings, or \$500,000	\$100,000	\$10,000
<b>AD&amp;D Coverage: provides a benefit in the event of death or dismemberment resulting from a covered accident Schedules:</b>	Yes (benefit amount is same as Supplemental Term Life coverage)	Yes (benefit amount is same as Supplemental Term Life coverage)	Yes (benefit amount is same as Supplemental Term Life coverage)
<b>AD&amp;D Maximum</b>	Maximum amount is same as Supplemental Term Life coverage	Maximum amount is same as Supplemental Term Life coverage	Maximum amount is same as Supplemental Term Life coverage
<b>Employee Contribution</b>	100%	100%	100%

Any purchase or increase in benefits, which does not take place within 31 days of employee's or dependent's eligibility effective date is subject to evidence of insurability. Coverage is subject to the approval of MetLife.

### To request coverage:

1. Choose the amount of employee coverage that you want to buy.
2. Look up the premium costs for your age group for the coverage amount you are selecting on the chart below.
3. Choose the amount of coverage you want to buy for your spouse. Again, find the premium costs on the chart below. Note: Premiums are based on your age, not your spouse's.
4. Choose the amount of coverage you want to buy for your dependent children. The premium costs for each coverage option are shown below.
5. Fill in the enrollment form with the amounts of coverage you are selecting. (To request coverage over the non-medical maximum, please see your Human Resources representative for a medical questionnaire that you will need to complete.) Remember, you must purchase coverage for yourself in order to purchase coverage for your spouse or children.

Employee Age	Employee & Spouse Coverage -- Monthly Premium For:					
	\$1,000	\$10,000	\$20,000	\$40,000	\$50,000	\$100,000
<b>Under 30</b>	\$0.09	\$0.89	\$1.78	\$3.56	\$4.45	\$8.90
<b>30-34</b>	\$0.10	\$0.97	\$1.94	\$3.88	\$4.85	\$9.70
<b>35-39</b>	\$0.12	\$1.21	\$2.42	\$4.84	\$6.05	\$12.10
<b>40-44</b>	\$0.19	\$1.93	\$3.86	\$7.72	\$9.65	\$19.30
<b>45-49</b>	\$0.26	\$2.65	\$5.30	\$10.60	\$13.25	\$26.50
<b>50-54</b>	\$0.44	\$4.41	\$8.82	\$17.64	\$22.05	\$44.10
<b>55-59</b>	\$0.74	\$7.45	\$14.90	\$29.80	\$37.25	\$74.50
<b>60-64</b>	\$1.16	\$11.61	\$23.22	\$46.44	\$58.05	\$116.10
<b>65-69</b>	\$1.82	\$18.17	\$36.34	\$72.68	\$90.85	\$181.70
<b>70+</b>	\$2.90	\$28.97	\$57.94	\$115.88	\$144.85	\$289.70

Dependent Child Coverage <sup>2</sup> Monthly Premium For:	
<b>\$1,000</b>	\$0.29
<b>\$2,000</b>	\$0.58
<b>\$4,000</b>	\$1.16
<b>\$5,000</b>	\$1.46
<b>\$10,000</b>	\$2.91

Due to rounding, your actual payroll deduction amount may vary slightly.

## Short-Term Disability

### Eligibility

All active, full-time employees (excluding CA and NY) working at least 30 hours per week are eligible to enroll on the first of the month after 30 days of employment.

### What is Short-Term Disability Insurance?

Short-Term Disability insurance can help replace a portion of your income during the initial weeks of a disability to help you pay your bills and help maintain your current lifestyle. It helps by protecting you and your income if a sickness or accidental injury kept you from working.

### What is the benefit amount?

If you enroll for coverage during your group's initial open enrollment period, you select the amount of weekly benefit that is right for you. Choose any weekly benefit amount in increments of \$50 per week, subject to a minimum of \$100. The maximum benefit amount is 60% of your gross weekly earnings or \$750, whichever is less, (rounded down to next \$50 increment).

Employees who do not elect coverage during the initial open enrollment period may still elect coverage at future enrollments. If you choose coverage after the initial open enrollment, you will be limited to a \$100 weekly benefit amount at the next annual enrollment. At subsequent annual enrollments you will be limited to increasing your weekly benefit coverage by \$50.

### When do benefits begin and how long do they continue?

Benefits begin after the end of the elimination period. The elimination period begins on the day you become disabled and is the length of time you must wait, while disabled, before you are eligible to receive a benefit. The elimination period is as follows:

For Injury: 0 days                      For Sickness (includes pregnancy): 7 days

Benefits continue for as long as you are disabled up to a maximum duration of 26 weeks of Disability.

### What is the monthly premium?

To determine your premium, refer to the chart below that shows monthly premium for all ages and each amount. Premiums are based on your current age as of the effective date of coverage. At each policy anniversary, future costs will change as your age increases. **Please note, the maximum benefit amount cannot exceed 60% of your gross weekly earnings or \$750, whichever is less, (rounded down to next \$50 increment).**

Monthly Premiums for STD									
Weekly Benefit	Employee's Age								
	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
<b>\$100</b>	\$8.16	\$8.16	\$8.16	\$7.20	\$7.20	\$9.28	\$9.28	\$12.96	\$12.96
<b>\$150</b>	\$12.24	\$12.24	\$12.24	\$10.80	\$10.80	\$13.92	\$13.92	\$19.44	\$19.44
<b>\$200</b>	\$16.32	\$16.32	\$16.32	\$14.40	\$14.40	\$18.56	\$18.56	\$25.92	\$25.92
<b>\$250</b>	\$20.40	\$20.40	\$20.40	\$18.00	\$18.00	\$23.20	\$23.20	\$32.40	\$32.40
<b>\$300</b>	\$24.48	\$24.48	\$24.48	\$21.60	\$21.60	\$27.84	\$27.84	\$38.88	\$38.88
<b>\$350</b>	\$28.56	\$28.56	\$28.56	\$25.20	\$25.20	\$32.48	\$32.48	\$45.36	\$45.36
<b>\$400</b>	\$32.64	\$32.64	\$32.64	\$28.80	\$28.80	\$37.12	\$37.12	\$51.84	\$51.84
<b>\$450</b>	\$36.72	\$36.72	\$36.72	\$32.40	\$32.40	\$41.76	\$41.76	\$58.32	\$58.32
<b>\$500</b>	\$40.80	\$40.80	\$40.80	\$36.00	\$36.00	\$46.40	\$46.40	\$64.80	\$64.80
<b>\$550</b>	\$44.88	\$44.88	\$44.88	\$39.60	\$39.60	\$51.04	\$51.04	\$71.28	\$71.28
<b>\$600</b>	\$48.96	\$48.96	\$48.96	\$43.20	\$43.20	\$55.68	\$55.68	\$77.76	\$77.76
<b>\$650</b>	\$53.04	\$53.04	\$53.04	\$46.80	\$46.80	\$60.32	\$60.32	\$84.24	\$84.24
<b>\$700</b>	\$57.12	\$57.12	\$57.12	\$50.40	\$50.40	\$64.96	\$64.96	\$90.72	\$90.72
<b>\$750</b>	\$61.20	\$61.20	\$61.20	\$54.00	\$54.00	\$69.60	\$69.60	\$97.20	\$97.20

## Long-Term Disability

### Eligibility

All active, full-time employees working at least 30 hours per week are eligible to enroll on the first of the month after 30 days of employment.

### What is Long-Term Disability Insurance?

Long-Term Disability (LTD) insurance can help replace a portion of your income if you are unable to work for an extended period of time due to a sickness or accidental injury. The LTD benefit replaces a portion of your predisability monthly earnings, less other income you may receive from other sources during the same Disability (e.g., Social Security, Workers' Compensation, vacation pay etc.).

### What is the benefit amount?

The Benefit amount is 60% of your predisability monthly earnings. The amount of the LTD benefit may not exceed the maximum monthly benefit established under the plan, regardless of your annual salary amount. The maximum under this plan is \$5,000.

Employees who do not elect coverage during the initial open enrollment period may still elect coverage at future enrollments. You may be required to submit a Statement of Health or meet certain pre-existing condition limitations.

### When do benefits begin?

Benefits begin after the end of the elimination period. The elimination period begins on the day you become disabled and is the length of time you must wait while being disabled before you are eligible to receive a benefit. Your elimination period for Long-Term Disability is 180 days.

### What is the monthly premium?

- To determine your premium, refer to the chart below that shows the rates for all ages per \$100 of covered salary.
- Select the age banded rate that applies to you:

Premiums Rates for LTD								
Monthly Benefit	Employee's Age							
	Under 30	30-39	40-44	45-49	50-54	55-59	60-64	65+
60%	0.104	0.386	0.357	0.306	0.766	1.053	0.922	0.636

- Complete the following premium calculation worksheet:

Monthly Premium Calculation Worksheet:	
<b>A. Annual Earnings =</b> <i>PLEASE NOTE: If your annual earnings exceed \$100,000 the premium is based on \$100,000 due to the maximum benefit cap. Use \$100,000 in this calculation.</i>	\$
<b>B. monthly Earnings =</b> <i>(A divided by 12)</i>	\$
<b>C. Your monthly Earnings divided by 100 =</b> <i>(B divided by 100)</i>	\$
<b>D. Estimated monthly Premium you will pay =</b> <i>(C multiplied by the applicable age-banded rate)</i>	\$

Premiums are based on your current age as of the effective date of coverage. At each policy anniversary, future costs will change as your age increases. Due to rounding, your actual payroll deducted premium amount may vary slightly.



## Accident Care Insurance

*You can't plan for accidents, but you can be better prepared financially to handle them when they happen.*

### **Why do I need it?**

It's easy to see why having accident coverage for you and your family makes good financial sense; just think about the likelihood of having an accident:

- Your child gets hurt playing sports or on the school playground
- You injure yourself while doing home repairs or while on vacation
- You fall on the stairs at your workplace

### **How does Accident Care Insurance help?**

As good as the health care is that you receive today, an accident can require a variety of treatments, tests, therapies and other care and services to assist in recovery. Each of these services usually means extra out-of-pocket costs for you to pay, beyond what your medical plan may cover, including:

- Medical plan deductibles
- Copayments for doctor visits and specialist care, as well as prescription drugs
- Out-of-network care and treatment

### **What is covered?**

This plan provides a lump-sum payment for over 150 different covered events, such as:

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Fractures</li> <li>• Dislocations</li> <li>• Second- and third-degree burns</li> <li>• Skin grafts</li> </ul> | <ul style="list-style-type: none"> <li>• Concussions</li> <li>• Cuts/lacerations</li> <li>• Eye injuries</li> <li>• Broken Teeth</li> </ul> |
|--|---|

You can also receive a lump-sum payment when you have these covered medical services/treatments:<sup>4</sup>

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Ambulance</li> <li>• Emergency care</li> <li>• Inpatient surgery</li> <li>• Outpatient surgery</li> <li>• Medical testing benefits, including: <ul style="list-style-type: none"> <li>X-rays</li> <li>MRIs</li> <li>CT scans</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• Physician follow-up visits</li> <li>• Transportation</li> <li>• Home modifications</li> <li>• Therapy services, including: <ul style="list-style-type: none"> <li>Physical and occupational therapy</li> <li>Speech therapy</li> </ul> </li> </ul> |
|--|---|

## Premium Structure

MetLife offers competitive group rates and convenient payroll deduction so you don't have to worry about writing a check or missing a payment! Your employee rates (effective 01/01/17 through 12/31/19) are outlined below.

Accident Insurance	Monthly Cost to You	
Coverage Options	Low Plan	High Plan
Employee	\$6.60	\$12.62
Employee + Spouse	\$12.51	\$23.88
Employee + Child(ren)	\$13.59	\$25.93
Employee + Family	\$17.13	\$32.13

Metropolitan Life Insurance Company  
200 Park Avenue, New York, NY 10166  
L0516465876[exp0717][All States]

## Critical Illness Insurance

*Critical illness insurance can help with unexpected expenses that may not be covered by your medical insurance.*

### **Why do I need it?**

Your medical insurance helps cover your medical bills if you get sick. But a serious illness, such as cancer<sup>1</sup>, heart attack or stroke<sup>2</sup> may bring unexpected expenses that might not be covered by your medical insurance. At the same time, a critical illness may affect your ability to earn an income, which may cause you to dip into your savings. Some expenses might include:

- Essential living expenses, especially if you can't work or if a relative takes time off to help care for you
- Medical co-pays and deductibles
- Additional childcare while you recover

### **How does Critical Illness Insurance help?**

Critical Illness Insurance covers specific conditions such as cancer<sup>1</sup>, heart attack or stroke<sup>2</sup>. Plus, it:

- Provides a lump-sum payment if you are diagnosed with a covered condition.
- Helps you focus on your recovery instead of your finances.
- Can supplement your savings to help pay for unexpected expenses related to a critical illness.

## Coverage Options

Eligible Individual	Initial Benefit	Requirements
<b>Employee</b>	<b>\$15,000 or \$30,000</b>	Coverage is guaranteed provided you are actively at work. <sup>3</sup>
<b>Spouse/Domestic Partner<sup>1*</sup> and/or Dependent Child(ren)<sup>2*</sup></b>	<b>50% of the employee's Initial Benefit</b>	Coverage is guaranteed provided the employee is actively at work and the spouse/domestic partner and/or dependent child(ren) is/are not subject to a medical restriction as set forth on the enrollment form and in the Certificate. <sup>3</sup>

## Premium Structure

MetLife offers competitive group rates and convenient payroll deduction so you don't have to worry about writing a check or missing a payment! Your employee rates (effective 01/01/17 through 12/31/19) are outlined below.

Monthly Premium for \$1,000 of Coverage (Non-Tobacco)				
Issue Age	Employee Only	Employee +Spouse	Employee + Children	Employee + Family
<25	\$0.55	\$0.87	\$0.76	\$1.08
25-29	\$0.55	\$0.87	\$0.76	\$1.08
30-34	\$0.79	\$1.20	\$1.00	\$1.41
35-39	\$1.11	\$1.66	\$1.32	\$1.87
40-44	\$1.74	\$2.55	\$1.95	\$2.76
45-49	\$2.45	\$3.56	\$2.66	\$3.77
50-54	\$3.34	\$4.83	\$3.55	\$5.04
55-59	\$4.28	\$6.18	\$4.49	\$6.39
60-64	\$5.26	\$7.60	\$5.47	\$7.81
65-69	\$5.88	\$8.56	\$6.09	\$8.77
70+	\$7.02	\$10.23	\$7.23	\$10.44

Monthly Premium for \$1,000 of Coverage (Tobacco)				
Issue Age	Employee Only	Employee +Spouse	Employee + Children	Employee + Family
<25	\$0.83	\$1.29	\$1.04	\$1.50
25-29	\$0.83	\$1.29	\$1.03	\$1.49
30-34	\$1.22	\$1.84	\$1.43	\$2.05
35-39	\$1.76	\$2.62	\$1.97	\$2.82
40-44	\$2.82	\$4.11	\$3.03	\$4.32
45-49	\$4.03	\$5.83	\$4.24	\$6.04
50-54	\$5.56	\$8.00	\$5.77	\$8.21
55-59	\$7.17	\$10.31	\$7.38	\$10.52
60-64	\$8.89	\$12.79	\$9.10	\$13.00
65-69	\$10.05	\$14.55	\$10.26	\$14.76
70+	\$12.12	\$17.60	\$12.33	\$17.81

Metropolitan Life Insurance Company  
 200 Park Avenue, New York, NY 10166  
 L0316458935[exp0517][All States]

## Why is having a legal plan so important?

**Because access to quality, affordable legal representation is more important than you may think.**

There are many times in life when you may need the services of a qualified attorney, including when you're purchasing a home, drafting a will, or dealing with elder care or debt issues.

Yet, according to a study conducted by the American Bar Association, many people who need legal help do not seek it — in part because they fear the cost and don't know how to find the right attorney.<sup>1</sup>

**Because finding an attorney on your own can be time-consuming and expensive.**

If you've ever had to hire an attorney, you know that attorney fees can quickly add up for even the most basic legal services. And there's always the problem of finding a qualified attorney who is right for the job. That could take hours or even days.

MetLaw<sup>®</sup>, the group legal plan available through Hyatt Legal Plans,<sup>2</sup> makes things simple for you. You get the attorney you need at a cost that's very affordable, with access by telephone or in-person for advice on an unlimited number of personal legal matters, and representation for a wide variety of legal services.

**MetLaw could save you hundreds of dollars in attorney fees for common legal services like these:**

- Estate planning documents, including Wills and Trusts
- Real estate matters
- Identity theft defense
- Financial matters, such as debt-collection defense
- Traffic offenses
- Document review
- Family Law, including adoption and name change
- Advice and consultation on personal legal matters
- And more



*Reduce the cost of legal services with MetLaw.*

*\$22.50 monthly premium*

### **How can MetLaw benefit you?**

You get legal advice and representation from a qualified attorney at an affordable price.

#### **Your choice of experienced attorneys.**

You'll enjoy quick, easy access to a nationwide network of 13,000 pre-qualified Plan Attorneys who have an average of 25 years of experience offering a broad range of legal services.

You can also choose a non-Plan Attorney and may be reimbursed through the MetLaw plan.

#### **Low monthly cost for unlimited use of the plan.**

No matter how many times you use a Plan Attorney over the course of the year for covered legal matters, all you pay is your monthly premium, no copayments, and no deductibles.



# 2019 Benefits Enrollment Form

## EMPLOYEE INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Gender:  Male  Female Marital Status:  Single  Married  
 Other: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

## BENEFIT SELECTION

Requested Effective Date: \_\_\_\_\_ Reason:  New Hire  Annual Open Enrollment  Job Status Change  
 Life Event / Other: \_\_\_\_\_

<b>Medical Plan</b>	<u>Plan Selection</u> <input type="checkbox"/> BDRY (\$2,500 Deductible) <input type="checkbox"/> BDQF (\$6,350 Deductible) <input type="checkbox"/> Waive / Decline **	<u>Coverage Tier</u> <input type="checkbox"/> Employee-Only <input type="checkbox"/> Employee+Spouse <input type="checkbox"/> Employee+Child(ren) <input type="checkbox"/> Family <input type="checkbox"/> N/A – Waive / Decline**	<b>**I am declining coverage because I have other coverage through:</b> <input type="checkbox"/> Spouse's Employer's Plan <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Individual Plan <input type="checkbox"/> COBRA from Prior Employer <input type="checkbox"/> I have no other coverage at this time <input type="checkbox"/> Other: _____
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<b>Dental Plan</b>	<u>Plan Selection</u> <input type="checkbox"/> Dental PPO Plan <input type="checkbox"/> Waive / Decline	<u>Coverage Tier</u> <input type="checkbox"/> Employee-Only <input type="checkbox"/> Family <input type="checkbox"/> N/A – Waive / Decline	
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<b>Vision Plan</b>	<u>Plan Selection</u> <input type="checkbox"/> Vision PPO <input type="checkbox"/> Waive / Decline	<u>Coverage Tier</u> <input type="checkbox"/> Employee-Only <input type="checkbox"/> Family <input type="checkbox"/> N/A – Waive / Decline	
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<b>Flexible Spending Account (FSA) Plans</b>	<u>Healthcare FSA</u> <input type="checkbox"/> Enroll 2019 Employee Contribution: \$ _____ <input type="checkbox"/> Waive / Decline	<u>Dependent Care FSA</u> <input type="checkbox"/> Enroll 2019 Employee Contribution: \$ _____ <input type="checkbox"/> Waive / Decline
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<b>Life &amp; AD&amp;D Insurance Plans</b>	<u>Life and Accidental Death &amp; Dismemberment</u> <input type="checkbox"/> Employee Coverage: \$ _____ <input type="checkbox"/> Spouse Coverage: \$ _____ <input type="checkbox"/> Child Coverage: \$ _____ <input type="checkbox"/> Waive / Decline	<i>If you apply for Life and AD&amp;D Insurance, please complete the Beneficiary Information section to select the person(s) to be your primary and contingent beneficiaries of the benefits payable at the time of your death. Additional enrollment paperwork may also be necessary.</i>
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# 2019 Benefits Enrollment Form

Employee Name: \_\_\_\_\_

<b>Disability Plans</b>	<b>Short-Term Disability</b>	<b>Long-Term Disability</b>
	<input type="checkbox"/> Employee Weekly Benefit: \$ _____ <input type="checkbox"/> Waive / Decline	<input type="checkbox"/> Enroll <input type="checkbox"/> Waive / Decline

<b>Accident Plan</b>	<b>Plan Selection</b>	<b>Coverage Tier</b>
	<input type="checkbox"/> Accident High Plan <input type="checkbox"/> Accident Low Plan <input type="checkbox"/> Waive / Decline	<input type="checkbox"/> Employee-Only <input type="checkbox"/> Employee+Spouse <input type="checkbox"/> Employee+Child(ren) <input type="checkbox"/> Family <input type="checkbox"/> N/A – Waive / Decline

<b>Critical Illness Plan</b>	<b>Plan Selection</b>	<b>Coverage Tier</b>
	<input type="checkbox"/> Critical Illness, \$15,000 Plan <input type="checkbox"/> Critical Illness, \$30,000 Plan <input type="checkbox"/> Waive / Decline	<input type="checkbox"/> Employee-Only <input type="checkbox"/> Employee+Spouse <input type="checkbox"/> Employee+Child(ren) <input type="checkbox"/> Family <input type="checkbox"/> N/A – Waive / Decline

<b>Pre-Paid Legal Plan</b>	<b>Plan Selection</b>
	<input type="checkbox"/> Enroll <input type="checkbox"/> Waive / Decline

FAMILY INFORMATION (Complete for all covered dependents.)						Cover this Dependent for:			
	Last Name	First Name	Social Sec No.	Date of Birth	Gender	Medical	Dental	Vision	Life
Spouse						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other*						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*Other Relationship: \_\_\_\_\_

BENEFICIARY INFORMATION (Complete this section for Life and AD&D enrollment.)							
Last Name	First Name	Social Sec No.	Date of Birth	Gender	Relationship	Percent Primary	Percent Contingent
						_____%	_____%
						_____%	_____%
						_____%	_____%
						_____%	_____%
						_____%	_____%
						_____%	_____%

*If you elect Life and AD&D insurance for yourself, you must select at least one primary beneficiary. A contingent beneficiary will receive the benefit(s) only if the primary beneficiary does not survive you. If you select more than one individual for either the primary or contingent beneficiaries, the total percentage for each must equal 100%.*



# 2019 Benefits Enrollment Form

Employee Name: \_\_\_\_\_

## **BINDING ENROLLMENT AND WAIVER OF COVERAGE FOR PLAN YEAR**

I acknowledge that outside of the annual open enrollment period, my enrollments and waivers cannot be changed during the plan year unless there is a qualifying change in my family status. A change in family status includes: marriage, divorce, death of a spouse or dependent, birth or adoption of a child, or a change in your employment status or that of your spouse. I understand that I must report any change in family status that may impact my insurance coverage to the Employco Human Resources Department with 31 days of the event.

## **ACKNOWLEDGMENT & SIGNATURE**

I understand, agree, and represent that the answers provided within this entire application for coverage are, to the best of my knowledge and belief, true and complete. I understand that if I intentionally omit or provide false information on or in relation to this application, then this policy may be cancelled retroactively, in which case any claim I submit may not be paid by the insurer. I understand that if I intentionally omit or provide false information on or in relation to this application that I may face legal liability, including legal action based on fraud.

I hereby enroll for benefits as indicated in this enrollment form, for which I am presently eligible or for which I may become eligible under my employer's group contract(s). If any deductions are required for this coverage, I authorize such deductions from my earnings. I understand that I should retain a duplicate copy of this application for my own records. A photographic or scanned copy of this acknowledgment shall be as valid as the original.

By signing below, I acknowledge that I have read and understand this document and I am signing of my own free will.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **ELECTRONIC DELIVERY OF BENEFITS DOCUMENTS**

In the future, Employco would like to have the option to send certain benefit plan documents to you electronically via your email address. This may include Summary Plan Descriptions (SPDs), Summaries of Material Modifications (SMMs), Summaries of Benefits and Coverage (SBCs) and other similar disclosures, notices and forms.

If you agree to electronic delivery, this consent may be withdrawn at any time by contacting the Employco Human Resources Department after which you will receive hard copies free of charge. You may change the email address to which you have consented to receive electronically disclosed documents at any time by contacting the Employco Human Resources Department.

By signing below, I agree to receive electronically disclosed documents using the email address I listed in the first section of this form:

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **QUESTIONS AND COMPLETED FORMS CAN BE DIRECTED TO:**

Employco USA – Human Resources Department – Jackie Marzullo  
350 E. Ogden Avenue, Westmont, IL 60559  
Phone: 630-286-7350, Fax: 630-920-0157, Email: [JMarzullo@Employco.com](mailto:JMarzullo@Employco.com)