

Benefits Enrollment Worksheet

Note: This worksheet is a planning tool and does not enroll you in benefits. You have to log on to Summit Self Service and enter your benefit elections online. Refer to the Employee Benefit Plan Reference Guide and Cafeteria Plan Reference Guide for more information on plans, rates, and enrollment restrictions.

Medical and Dental Insurance	⇒ Do you want to enroll in one or both of these plans? If yes: Do you want ___ single or ___ family or ___ Waive coverage for Medical insurance? Do you want ___ Tiered Network or ___ Narrow Network for dental insurance? Do you want ___ single or ___ family or ___ Waive coverage for Dental insurance?
	⇒ If you want to add family coverage, follow the instructions to enroll your dependents. You will need to provide social security numbers for your dependents.
	⇒ Do you want to pay your premium ___ before-tax or ___ after-tax ?
Health Care Reimbursement Account and Dependent Care Reimbursement Account (FSAs)	⇒ HCRP Amount (maximum \$2,750) _____ DCRP amount (maximum \$5,000) _____ <i>Important: (Estimate your expenses conservatively, as any money you do not use must be forfeited with the exception of a small amount that can be rolled over in the HCRP .)</i> Remember, you must re-enroll each year that you want to participate.
	⇒ Do you want to add or increase your optional employee life coverage? Amount _____? Refer to the Employee Benefit Plan Reference Guide for maximum amounts allowable. <i>(Evidence of insurability is required to enroll or increase coverage. You must complete the Evidence of Insurability form available in the Employee Life enrollment panel and send to Minnesota Life for approval.)</i>
Optional Life Insurance	⇒ Do you want to add or increase spouse-domestic partner life insurance? Amount _____? Refer to the Employee Benefit Plan Reference Guide for maximum amounts allowable. <i>(Evidence of insurability is required to enroll or increase coverage. You must complete the Evidence of Insurability form available in the Spouse Life enrollment panel and send to Minnesota Life for approval.)</i>
	⇒ Do you want Accidental Death and Dismemberment (AD&D) Insurance? Yes ___ No ___ <i>(You must have optional employee and/or spouse-domestic partner life and the amount of AD&D coverage must equal the total of your optional employee and spouse-domestic partner life coverage.)</i>
	⇒ Do you want to Add ___ or Drop ___ Dependent Life Insurance? <i>The \$20,000 plan covers all of your dependents, including spouse or domestic partner. No evidence of insurability is required during open enrollment. Please review to insure you have eligible dependents.</i>
Disability Insurance	⇒ Do you want to Add ___ or Drop ___ optional long-term disability insurance? <i>(Note: No evidence of insurability is required during open enrollment.)</i>
	⇒ Do you want to drop, add or change the elimination period on your short-term disability insurance? Elimination period: ___30 day ___60 day ___90 day or ___Waive <i>(No evidence of insurability is required during open enrollment.)</i>

After you submit your benefit elections, you will receive a Confirmation Statement from Ramsey County in December. Please note: Changes in life insurance that require evidence of insurability (optional employee life and spouse/domestic partner life) will not appear on your Confirmation Statement if approval from Minnesota Life is not received prior to the printing of Confirmation Statements.