Read the Enrollment Guide for more information about benefit plan options, costs, requirements and tax implications.

## Employee Information

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<th>M.I.</th>
<th>Andrew ID</th>
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<th>Zip</th>
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E-mail address

## Reason for Enrollment/Change

Changes to benefit enrollments during the year must be due to certain changes in employment, family or work status. No other changes are permitted until the annual Open Enrollment period.

- New Employee/Open Enrollment
- Marriage*
- Domestic Partner relationship established*
- Divorce*
- Domestic Partner relationship terminated*
- Death of spouse/domestic partner/dependent*
- Other (subject to HR approval):

- Commencement of dependent’s or spouse’s/domestic partner’s coverage under another plan*
- Termination of dependent’s or spouse’s/domestic partner’s coverage under another plan*
- Return from leave
- Birth/Adoption of dependent*

*DOCUMENTATION MAY BE REQUIRED. CONTACT THE CMUWORKS SERVICE CENTER TO OBTAIN FURTHER INFORMATION.

## Medical Election

I elect the following:
- Aetna HMO
- Waive medical coverage

I elect the following level of coverage:
- Employee
- Employee & Child
- Employee & Children
- Employee & Spouse
- Employee & Domestic Partner (DP)
- Family (employee, spouse, children)
- Family (employee, DP, children)

## Group Term Life Insurance

I elect the following amount of Group Term Life Insurance:
- Basic Life Insurance (no cost)
- Basic + Optional Life Insurance

Basic Life Insurance coverage of 1 ½ times salary or $12,000, whichever is greater, is provided by Carnegie Mellon University at no cost to you. You may elect to purchase additional Optional Life Insurance coverage at levels based on your salary and age. Please refer to the L95 Enrollment Guide for more information.

You must elect a level of Group Term Life Insurance. You cannot waive the coverage.

Additional information required on next page
# Employee & Dependent Information

If electing a level of coverage that includes spouse/domestic partner or children, complete this section. If covering more than four dependent children, request an additional form from the CMUWorks Service Center.

- **Spouse**
- **Domestic Partner**

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## Employee Signature

I acknowledge and agree that the benefits I have elected are subject to the provisions of the Carnegie Mellon University Benefit Plan and the terms and conditions of each feature under that Plan. I agree that my compensation will be reduced by the amount of any required contributions for the benefits that I have elected under the Plan and that such salary reductions will continue for each pay period until my election is amended or terminated as permitted under the Plan. I acknowledge that I have access to the Plan documents through Carnegie Mellon’s Human Resources website. I affirmatively represent that all information provided is true and correct.

___________________________
Signature

___________________________
Date

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*Return to: CMUWorks Service Center, 4516 Henry Street. Questions? 412-268-4600 or cmu-works@andrew.cmu.edu*