Carnegie Mellon University
Human Resources

2025–26 Benefits Enrollment Form for Members of Union Local 95

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

Employee Information — Please print or type

Last Name	First Name	M.I.	Andrew ID

Street Address	Sex: ❑ M ❑ F	Date of Birth (Month/Day/Year)

City	State	Zip	Work Phone	Home Phone

Email 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.

DATE OF EMPLOYMENT/CHANGE:

_____

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

_____

_____

*Documentation may be required. Contact HR Services to obtain further information.

Medical Election

I elect the following medical plan:

- ❑ Aetna HMO
- ❑ Waive medical coverage

I elect the following level of coverage:

- ❑ Employee
- ❑ Employee and Child
- ❑ Employee and Children
- ❑ Employee and Spouse
- ❑ Employee and 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

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

Basic Life Insurance coverage of 1½ 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.

Additional information required on next page

Employee and 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 HR Services.

❑ **Spouse** ❑ **Domestic Partner**	Last Name	First Name	MI	Sex ❑ M ❑ F
Activity: ❑ Add to Medical ❑ Delete from Medical		Date of Birth (Month/Day/Year)		
Child 1	Last Name	First Name	MI	Sex ❑ M ❑ F
Activity: ❑ Add to Medical ❑ Delete from Medical		Date of Birth (Month/Day/Year)		
Child 2	Last Name	First Name	MI	Sex ❑ M ❑ F
Activity: ❑ Add to Medical ❑ Delete from Medical		Date of Birth (Month/Day/Year)		
Child 3	Last Name	First Name	MI	Sex ❑ M ❑ F
Activity: ❑ Add to Medical ❑ Delete from Medical		Date of Birth (Month/Day/Year)		
Child 4	Last Name	First Name	MI	Sex ❑ M ❑ F
Activity: ❑ Add to Medical ❑ Delete from Medical		Date of Birth (Month/Day/Year)		

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

Return to: *HR Services, UTDC, 1st Floor, 4516 Henry Street*

Questions? *412-268-4600 or hr-help@andrew.cmu.edu*