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

**Employee Information — Please print or type**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
<th>Andrew ID</th>
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<th>Sex:</th>
<th>Date of Birth (Month/Day/Year)</th>
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<th>Zip</th>
<th>Work Phone</th>
<th>Home Phone</th>
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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 the HR CMUWorks Service Center 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 & 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

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

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.

*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 HR CMUWorks Service Center.

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<th>Last Name</th>
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<tr>
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<td>Domestic Partner</td>
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Activity:
- Add to Medical
- Delete from Medical

Date of Birth (Month/Day/Year)

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Activity:
- Add to Medical
- Delete from Medical

Date of Birth (Month/Day/Year)

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Activity:
- Add to Medical
- Delete from Medical

Date of Birth (Month/Day/Year)

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<tr>
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Activity:
- Add to Medical
- Delete from Medical

Date of Birth (Month/Day/Year)

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<tbody>
<tr>
<td>Child 4</td>
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<td>F</td>
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</table>

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 CMUWorks Service Center, 4516 Henry Street

Questions? 412-268-4600 or cmu-works@andrew.cmu.edu