

University of Missouri System

COLUMBIA | KANSAS CITY | ROLLA | ST. LOUIS

2024 Annual Enrollment Form

Check appropriate box if applicable: ☐ J1 VISA Employee

Employee Last Name	Employee First Name	MI	Employee ID (not SSN)		
Street			Hire Date	Date of Birth	
City	State	ZIP	Home Phone	Work Phone	Gender

Benefit Election Instructions

- This form is to be used for Annual Enrollment changes. It must be completed and returned by **November 3, 2023**.
- Changes will be effective **January 1, 2024**.
- Changes may be made online using self-service through myHR (myhr.umsystem.edu).
- Make your benefit selections in Section I.
 - Your contributions for the Medical, Dental, Vision, Basic Life (Option B), and Long-Term Disability (Buy-up Plan) insurance plans are deducted on a before-tax basis unless you are exempt from federal or state taxes or specifically elect otherwise.
 - After the initial enrollment, if you want to change how you pay your share of the benefit costs from an after-tax to a before-tax basis, or vice versa, you can only do so during the Annual Enrollment change period.
- Complete Section II, *Dependent Information*, and provide the required proof of relationship within 31 days of the closing of Annual Enrollment if you are covering new dependents.
- Complete a separate *Beneficiary Designation Form* for your Basic Life, Additional Life, Accidental Death and Dismemberment insurance plans and/or Pre-Retirement Death Benefit, if applicable.
- Read, sign and date Section III, *Authorization and Acknowledgements*. Return this form to your campus contact or the HR Service Center (HRSC). Campus contact and HRSC information is listed on the last page of this document.

I. Enrollment Options

Medical	Pre-tax unless this box is checked for an after-tax contribution <input type="checkbox"/>			
	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Healthy Savings Plan**	<input type="checkbox"/> (01) \$62.00	<input type="checkbox"/> (02) \$177.00	<input type="checkbox"/> (04) \$156.00	<input type="checkbox"/> (05) \$303.00
Custom Network Plan (Columbia area)	<input type="checkbox"/> (25) \$92.00	<input type="checkbox"/> (26) \$259.00	<input type="checkbox"/> (28) \$242.00	<input type="checkbox"/> (29) \$437.00
Custom Network Plan (St. Louis area)	<input type="checkbox"/> (73) \$92.00	<input type="checkbox"/> (74) \$259.00	<input type="checkbox"/> (76) \$242.00	<input type="checkbox"/> (77) \$437.00
PPO Plan	<input type="checkbox"/> (13) \$187.00	<input type="checkbox"/> (14) \$457.00	<input type="checkbox"/> (16) \$435.00	<input type="checkbox"/> (17) \$735.00
Tiered PPO Plan (for Kansas City and Rolla areas)	<input type="checkbox"/> (85) \$187.00	<input type="checkbox"/> (86) \$457.00	<input type="checkbox"/> (87) \$435.00	<input type="checkbox"/> (88) \$735.00

**If you enroll in the Healthy Savings Plan, you will also need to complete the HSA Enrollment Form.
Note: The Healthy Savings Plan is not an eligible plan for employees who have a J1 VISA.

Waive medical coverage
Decline ☐ (W) waive

Dental and Vision InsurancePre-tax unless this box is checked for an after-tax contribution ☐**Dental**

Employee Only	Employee + Spouse	Employee + Children	Employee + Family
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Dental Base Plan ☐ (01) \$15.53 ☐ (02) \$31.05 ☐ (03) \$37.68 ☐ (04) \$53.21
Dental Buy-Up Plan ☐ (13) \$26.18 ☐ (14) \$52.30 ☐ (15) \$82.85 ☐ (16) \$111.04

Decline ☐ (W) waivePre-tax unless this box is checked for an after-tax contribution ☐**Vision**

Employee Only	Employee + Spouse	Employee + Children	Employee + Family
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☐ (01) \$5.06 ☐ (02) \$10.08 ☐ (03) \$11.00 ☐ (04) \$17.41

Decline ☐ (W) waive**Disability and Life Insurance**Option B is pre-tax unless this box is checked for an after-tax contribution ☐**Basic Life**

Option A (1x annual base salary & age-graded)	Option B (2x annual base salary & age-graded)*
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☐ (01) \$0.00 ☐ (02) \$0.022 per \$1,000 of coverage

*Statement of Health is required for all new elections or coverage increases. Learn more at umurl.us/life.**Accidental Death and Dismemberment**

After-tax contribution

\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000
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AD&D - Self ☐ (01) \$0.35 ☐ (02) \$0.70 ☐ (03) \$1.05 ☐ (04) \$1.40 ☐ (05) \$1.75 ☐ (06) \$2.10
AD&D - Family ☐ (07) \$0.50 ☐ (08) \$1.00 ☐ (09) \$1.50 ☐ (10) \$2.00 ☐ (11) \$2.50 ☐ (12) \$3.00
Decline ☐ Waive

Dependent Life-Spouse/Sponsored Adult Dependent

After-tax contribution (rates will vary based on age)

\$10,000*	\$20,000*	\$30,000*	\$40,000*	\$50,000*	\$60,000*	\$70,000*	\$80,000*	\$90,000*	\$100,000*
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☐ (01) ☐ (02) ☐ (03) ☐ (04) ☐ (05) ☐ (06) ☐ (07) ☐ (08) ☐ (09) ☐ (010)

Decline ☐ (W) waive*Statement of Health is required for all new elections over \$20,000 or coverage increases. Learn more at umurl.us/life.

After-tax contribution (rates will vary based on age)

Dependent Life-Child(ren)

\$5,000	\$10,000	\$15,000	\$20,000	\$25,000
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☐ (01) \$0.32 ☐ (02) \$0.64 ☐ (03) \$0.96 ☐ (04) \$1.28 ☐ (05) \$1.60

Decline ☐ (W) waive**Additional Life**

After-tax contribution (rates will vary based on age). Additional life options are 1-8 times your annual base salary. You may elect or increase your additional life coverage. *

1x annual base salary*	2x annual base salary*	3x annual base salary*	4x annual base salary*	5x annual base salary*	6x annual base salary*	7x annual base salary*	8x annual base salary*
<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)	<input type="checkbox"/> (05)	<input type="checkbox"/> (06)	<input type="checkbox"/> (07)	<input type="checkbox"/> (08)

Decline ☐ (W) Waive

*Statement of Health is required for new elections 2X base salary or greater. Statement of Health is NOT required for a new enrollment of 1X base salary or increase from 1X to 2X.

Option B is pre-tax unless this box is checked for an after-tax contribution ☐

Long-Term Disability	Core Plan (Option A)*	Buy-up Plan (Option B)*
	<input type="checkbox"/> (01) \$0.00	<input type="checkbox"/> (02) \$0.14 per \$100 of monthly income

*Statement of Health is required for all new elections or coverage increases. Learn more at umurl.us/life.

Pre-tax contribution only

Short-Term Disability	Core Plan (Option A)	Buy-up Plan (Option B)
	<input type="checkbox"/> (01) \$0.00	<input type="checkbox"/> (02) \$0.74 per \$100 of monthly income

II. Dependent Information Complete the following information for any dependent(s) to be added or cancelled.

Dependent/ Spouse Name	Relationship (Spouse/SAD*** or Child)	Gender (M/F)	Birth Date (MM/DD/YY)	Social Security Number	ADD****				REMOVE			
					Medical	Dental	Vision	Life	Medical	Dental	Vision	Life

*** If you enroll a Sponsored Adult Dependent (SAD) on your plan, you will also need to complete an Affirmation.

****If you are adding a dependent to your insurance, you will be required to provide Proof of Relationship (POR).

III. Authorization and Acknowledgements

I hereby make the above elections and I authorize the University of Missouri to deduct/redirect the appropriate amounts from my pay for the coverages elected. (I also hereby authorize the appropriate providers to release any documentation necessary to pay my or my dependents' claims.)

I acknowledge that in the event that I or any of my dependent/s become ineligible for coverage under the Plan, it is my responsibility to inform the University of Missouri System's Office of Human Resources of desired changes in coverage and/or changes in my family status or personal information that affects my benefit coverage or eligibility by completing an enrollment change form within 31 days of the event. (I also understand that any claims paid on behalf of an ineligible individual must be reimbursed to the Plan by me.)

I acknowledge and agree that this document may be signed by electronic signature, which shall be considered an original signature for all purposes and shall have the same force and effect as an original signature. "Electronic signature" shall include faxed versions of an original signature, electronically scanned and transmitted versions of an original signature and typed signature in a fillable form or typed signature via Adobe Pro.

Employee ID

Signature of Employee

Date

Availability of Summary Health Information

As an employee of University of Missouri System, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options.

The SBC, along with a uniform glossary of terms commonly used in health care coverage, is available on the web at umurl.us/SBC. Paper copies are also available, free of charge, by calling the HR Service Center at 1-800-488-5288.

Campus and HRSC Contact Information**Columbia (includes Hospital and System)**

Phone: (573) 882-2146

Fax: (573) 882-9603

hrrservicecenter@umsystem.edu

Rolla

Phone (573) 341-4241

Fax: (573) 341-4984

benefits@mst.edu

Kansas City

Phone (816) 235-1621

Fax: (816) 235-5515

benefits@umkc.edu

St. Louis

Phone (573) 882-2146

Fax: (573) 882-9603

umslbenefits@umsl.edu

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Phone: (573) 882-2146

Fax: (573) 882-9603

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