

University of Missouri System

COLUMBIA | KANSAS CITY | ROLLA | ST. LOUIS

2023 Benefits Enrollment Form

Check box if this is a revised enrollment Check box if you have a J1 VISA.

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 must be completed and returned within 31 days of your date of hire or your benefit eligibility date. If it is not returned within 31 days, you will not be eligible to enroll until the next Annual Enrollment period for a coverage effective date of January 1 following the enrollment period.
- 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 from date of coverage if you are covering dependents.
- Complete the *Beneficiary Designation Form* for your Basic Life, Additional Life, Accidental Death and Dismemberment insurance plans and/or Pre-Retirement Death Benefit.
- Read, sign and date Section III, *Authorization and Acknowledgements*, before returning 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 Insurance		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) \$58.00	<input type="checkbox"/> (02) \$166.00	<input type="checkbox"/> (04) \$147.00	<input type="checkbox"/> (05) \$284.00	
Custom Network Plan (Columbia area)	<input type="checkbox"/> (25) \$84.00	<input type="checkbox"/> (26) \$238.00	<input type="checkbox"/> (28) \$221.00	<input type="checkbox"/> (29) \$399.00	
Custom Network Plan (St. Louis area)	<input type="checkbox"/> (73) \$84.00	<input type="checkbox"/> (74) \$238.00	<input type="checkbox"/> (76) \$221.00	<input type="checkbox"/> (77) \$399.00	
PPO Plan	<input type="checkbox"/> (13) \$176.00	<input type="checkbox"/> (14) \$430.00	<input type="checkbox"/> (16) \$408.00	<input type="checkbox"/> (17) \$690.00	
Tiered PPO Plan (for Kansas City and Rolla areas)	<input type="checkbox"/> (85) \$176.00	<input type="checkbox"/> (86) \$430.00	<input type="checkbox"/> (87) \$408.00	<input type="checkbox"/> (88) \$690.00	

**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 Insurance

Pre-tax unless this box is checked for an after-tax contribution

Dental	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Dental Base Plan	<input type="checkbox"/> (01) \$15.53	<input type="checkbox"/> (02) \$31.05	<input type="checkbox"/> (03) \$37.68	<input type="checkbox"/> (04) \$53.21
Dental Buy Up Plan	<input type="checkbox"/> (13) \$22.46	<input type="checkbox"/> (14) \$44.89	<input type="checkbox"/> (15) \$72.13	<input type="checkbox"/> (16) \$96.44
Decline	<input type="checkbox"/> (W) waive			

Pre-tax unless this box is checked for an after-tax contribution

Vision	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
	<input type="checkbox"/> (01) \$5.06	<input type="checkbox"/> (02) \$10.08	<input type="checkbox"/> (03) \$11.00	<input type="checkbox"/> (04) \$17.41
Decline	<input type="checkbox"/> (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)
	<input type="checkbox"/> (01) \$0.00	<input type="checkbox"/> (02) \$0.022 per \$1,000 of coverage
Decline	<input type="checkbox"/> (W) waive	

Accidental Death and Dismemberment

After-tax contribution

	\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000
AD&D – Self	<input type="checkbox"/> (01) \$0.35	<input type="checkbox"/> (02) \$0.70	<input type="checkbox"/> (03) \$1.05	<input type="checkbox"/> (04) \$1.40	<input type="checkbox"/> (05) \$1.75	<input type="checkbox"/> (06) \$2.10
AD&D – Family	<input type="checkbox"/> (07) \$0.50	<input type="checkbox"/> (08) \$1.00	<input type="checkbox"/> (09) \$1.50	<input type="checkbox"/> (10) \$2.00	<input type="checkbox"/> (11) \$2.50	<input type="checkbox"/> (12) \$3.00
Decline	<input type="checkbox"/> (W) waive					

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

Dependent Life-Spouse/Sponsored Adult Dependent*	\$10,000*	\$20,000*	\$30,000*	\$40,000*	\$50,000*
	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)	<input type="checkbox"/> (04)	<input type="checkbox"/> (05)
Decline	<input type="checkbox"/> (W) waive				

*Evidence of Insurability (EOI) is required. Learn more about EOI 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
	<input type="checkbox"/> (01) \$0.32	<input type="checkbox"/> (02) \$0.64	<input type="checkbox"/> (03) \$0.96	<input type="checkbox"/> (04) \$1.28	<input type="checkbox"/> (05) \$1.60
Decline	<input type="checkbox"/> (W) waive				

Additional Life*

After-tax contribution (rates will vary based on age). Additional life options are 1, 2 or 3 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*
	<input type="checkbox"/> (01)	<input type="checkbox"/> (02)	<input type="checkbox"/> (03)
Decline	<input type="checkbox"/> (W) waive		

*Evidence of Insurability (EOI) is required for amounts over 1x annual base salary. Learn more about EOI at umurl.us/life.

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

