

Benefits Plans - Medical, Dental, Vision and Supplemental Life

I. Medical Plan		Bi-Weekly Premiums			
	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family	
Standard Tier	<input type="checkbox"/> \$0	<input type="checkbox"/> \$210.46	<input type="checkbox"/> \$161.54	<input type="checkbox"/> \$263.08	
Economy Tier		<input type="checkbox"/> \$179.08	<input type="checkbox"/> \$104.77	<input type="checkbox"/> \$183.23	

I Decline Medical Coverage

****Important Notice Regarding Dependent Eligibility is found on page 3 of this Benefits Enrollment Form. Please read carefully before adding dependent(s).**

II. Dental Plan		Bi-Weekly Premiums			
	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family	
Coverage:	<input type="checkbox"/> \$0	<input type="checkbox"/> \$25.22	<input type="checkbox"/> \$25.22	<input type="checkbox"/> \$42.04	

I Decline Dental Coverage

III. Vision Plan		Bi-Weekly Premiums			
		Employee Only	Employee + One	Employee + Family	
Coverage:		<input type="checkbox"/> \$4.21	<input type="checkbox"/> \$6.08	<input type="checkbox"/> \$11.72	

I Decline Vision Coverage

IV. Supplemental Life Insurance

A. Employee Supplemental Life Insurance Coverage: *Coverage reduced to 67% at age 65, and 50% at age 70.*

- \$25,000 \$75,000
 \$50,000 \$100,000

Bi-Weekly Premiums are listed on next page

B. Child Supplemental Life Insurance Coverage: *Coverage ends at age 26.*

- \$10,000

Bi-Weekly Premiums are listed on next page

Authorization

I authorize the Archdiocese of Galveston-Houston to deduct all or part of the premiums from my pay and have read all benefits information. I understand that any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects a person to criminal and civil penalties.

If I decline any coverage, I acknowledge that I have been given the opportunity to participate, but choose to NOT enroll. Further, I understand that unless I have an eligible qualifying life event, my elections are final, and I will not be able to change any of them until the next annual enrollment.

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Signature of Employee

Date Signed

HIPAA requires the Archdiocese of Galveston-Houston Medical and Dental Plan to notify you that a privacy notice is available by obtaining a copy on the Archdiocese of Galveston-Houston website or by contacting our Benefits Department. Please contact the Benefits Hot Line at 713-652-8265 if you have any questions.

Additional Benefit Enrollment Information

A. Medical and Dental Information

Important Dependent Notice: If adding dependent(s) coverage to the Archdiocesan Health Plan, you must provide documentation that demonstrates eligibility, including but not limited to: Marriage Certificate along with either a copy of your most current Federal Tax Form or other Financial Documents, Birth Certificates, Court Orders or in case of pending adoption, Adoption Agency or Government Placement Papers showing imminent adoption. Any person knowingly and with intent to defraud Aetna is committing a fraudulent insurance act, which is a crime and subjects a person to criminal and civil penalties.

B. Supplemental Life Information

Employee Coverage: You may elect coverage in \$25,000 increments, up to \$100,000. You may not exceed five times your basic pay. **Guaranteed Issue amount ONLY available for New Hires:** up to \$100,000 if under age 65. Coverage reduces at age 65 to 67% and at age 70 to 50% of the amount insured for. All other employees who are increasing coverage must complete the Evidence of Insurability form.

Child Coverage: Election of coverage provides \$10,000 for *each* eligible child. In order to elect Child Coverage you must first elect Employee

C. Supplemental Life Rates

Employee Supplemental Life Insurance under age 65 - Bi-Weekly Premium (Increments of \$25,000 up to \$100,000)

Rates per \$1000 in multiples of \$25,000 up to \$100,000

Employee Under Age 65	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64
\$25,000	\$0.48	\$0.58	\$0.77	\$0.88	\$0.97	\$1.45	\$2.24	\$4.18	\$6.40
\$50,000	\$0.97	\$1.15	\$1.55	\$1.75	\$1.94	\$2.91	\$4.48	\$8.35	\$12.81
\$75,000	\$1.45	\$1.73	\$2.32	\$2.63	\$2.91	\$4.36	\$6.72	\$12.53	\$19.21
\$100,000	\$1.94	\$2.31	\$3.09	\$3.51	\$3.88	\$5.82	\$8.95	\$16.71	\$25.62

Employee Supplemental Life Insurance for age 65 or older - Bi-Weekly Premium

Employee 65-69	\$16,750	\$33,500	\$50,250	\$67,000
Employee 70+	\$12,500	\$25,000	\$37,500	\$50,000
65-69	\$8.26	\$16.41	\$24.77	\$33.03
70-74	\$13.78	\$27.57	\$41.35	\$55.13
75+	\$13.78	\$27.57	\$41.35	\$55.13

Coverage Reduced to 67%
Coverage Reduced to 50%

Child Voluntary Life Insurance - Bi-Weekly Premium for \$10,000 Coverage

Child(ren)	Up to age 26
Up to Age 26	
\$10,000	\$0.57

This designation will apply to the following Standard Insurance Company coverage(s) if available to you through your Employer: Life Insurance and Life with Accidental Death & Dismemberment (AD&D) Insurance.

Designations made below, or on a separate sheet of paper, are not valid unless signed, dated, and delivered to your Employer during your lifetime. Return the completed form to your Human Resources Department.

MEMBER/EMPLOYEE INFORMATION

Your Name (Last, First, Middle)		Date of Birth
Your Address		
City	State	Zip
Group Name Archdiocese of Galveston-Houston		Group No. 756955

BENEFICIARY INFORMATION

- Your designation revokes all prior designations.
- Benefits are payable to a contingent Beneficiary only if you are not survived by one or more primary Beneficiaries.
- If you name two or more Beneficiaries in a class (primary or contingent), two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.
- If a minor (a person not of legal age) or your estate is the Beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, "Dorothy Q. Smith, Trustee under the trust agreement dated _____."
- A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have questions, consult your legal advisor.
- Dependents Insurance and Life Insurance on your Spouse, if any, is payable to you, if living, or as provided under your Employer's coverage under the Group Policy.
- If you complete the "% of Benefit" box(es), the amounts should add up to 100% for each class (primary or contingent). For example, "Primary - John Q. Doe, 60%; Jane Q. Doe, 40%."

Primary – Full Name	Address	Birth Date	Phone No.	Soc. Sec. No. <i>if known</i>	Relationship	% of Benefit <i>Total must equal 100%</i>
The following designation applies to <input type="checkbox"/> Basic Life with AD&D OR <input type="checkbox"/> Additional Life OR <input type="checkbox"/> Both						
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The following designation applies to <input type="checkbox"/> Basic Life with AD&D OR <input type="checkbox"/> Additional Life OR <input type="checkbox"/> Both						
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Contingent – Full Name						
Address						
Birth Date						
Phone No.						
Soc. Sec. No. <i>if known</i>						
Relationship						
% of Benefit <i>Total must equal 100%</i>						
The following designation applies to <input type="checkbox"/> Basic Life with AD&D OR <input type="checkbox"/> Additional Life OR <input type="checkbox"/> Both						
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The following designation applies to <input type="checkbox"/> Basic Life with AD&D OR <input type="checkbox"/> Additional Life OR <input type="checkbox"/> Both						
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Signature of Member/Employee						Date

Human Resources Department – Retain for your records.