



MEDICAL INSURANCE - ENROLL

Kleen Test Products offers two medical insurance plan options, each with 4-tiers of coverage, and both through Anthem Blue Cross and Blue Shield. Our medical plans include prescription drug coverage plans, administered by Express Scripts.

New employees are eligible for insurance to begin the 1st of the month after 30 days of employment. *Benefits paperwork is requested to be completed and returned to HR within one week of your date of hire.* Enrollment paperwork will not be accepted after 31 days past your date of eligibility. You have 31 days to make a change to your enrollment following a qualifying event. Documentation will be required as proof of event.

Section One: Employee Information

Name (Last, First, Initial): _____

Social Security Number: _____

Gender (select one):

Male Female

Date of Birth (MM/DD/YYYY): _____

Marital Status: Single Married Widowed Divorced

E-mail Address: _____

Section Two: Plan Elections

New Enrollment

PPO Plan

HDHP Plan

Change to Enrollment *(qualifying event required)*

Single (Employee Only)

Employee & Spouse

Employee & Child(ren)

Family Coverage

Effective Date: _____

Section Three: Applicable Surcharges



ADDITIONAL FORMS ARE REQUIRED

Are you currently nicotine-free? No Yes

EVERYONE MUST COMPLETE AND SUBMIT FORM B3, AFFIDAVIT FOR PARTICIPATION IN THE NICOTINE-FREE INCENTIVE PLAN. FAILURE TO RETURN THIS FORM WILL RESULT IN YOU PAYING AN ADDITIONAL SURCHARGE.

Do you have a spouse covered on your plan? No Yes

IF YES, YOU MAY BE SUBJECT TO A SPOUSAL SURCHARGE, AND YOU MUST COMPLETE AND SUBMIT FORM B4, SPOUSAL MEDICAL COVERAGE STATEMENT. FAILURE TO RETURN THIS FORM WILL RESULT IN YOU PAYING AN ADDITIONAL SURCHARGE.

Meridian is committed to helping you achieve your best health. Rewards for participating in a tobacco incentive plan and for being nicotine free are available to all employees. If you are unable to certify that you are tobacco-free, you might qualify for an opportunity to earn the same reward by different means. Contact Human Resources and we will work with you (and, if you wish, with your doctor) to find a tobacco incentive with the same reward that is right for you in light of your health status.

Section Four: Dependent Information

****Documentation to verify dependents is required, and new dependents will not be added without documentation****

SPOUSE	Name (Last, First, Initial)	Gender M F	Social Security Number	Date of Birth (MM/DD/YY)	
DEPENDENT CHILD	Name (Last, First, Initial)	Gender M F	Social Security Number	Date of Birth (MM/DD/YY)	Relationship <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other: _____
DEPENDENT CHILD	Name (Last, First, Initial)	Gender M F	Social Security Number	Date of Birth (MM/DD/YY)	Relationship <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other: _____
DEPENDENT CHILD	Name (Last, First, Initial)	Gender M F	Social Security Number	Date of Birth (MM/DD/YY)	Relationship <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other: _____

Note: If you need to add more dependents, please copy Section Four and attach it to this enrollment form.

Section Five: Section 125 Premium Only Plan (POP) Salary Reduction Information

Unless you request otherwise in writing, your portion of medical, dental and vision premiums for the benefits you elect will be withheld on a pre-tax basis. If your portion of premiums is withheld on a pre-tax basis, you will not be allowed to change your election during the plan year unless you have a change in status or other qualifying event as defined in the Plan and IRS regulations.

Your eligible premiums are subtracted from your gross pay before federal, state, and Social Security (FICA) taxes are applied. By reducing your gross taxable income, you lower the amount of your income that can be taxed.

- Your *gross annual earnings* are not impacted by participating in the POP. This amount will continue to be used to determine any future salary increases and/or 401(k) contributions (if applicable).
- Social Security taxes are reduced on salary amounts up to the IRS maximum allowance. If you earn more than that, your tax savings might be slightly less because you may not get the full advantage of paying less FICA taxes. However, you will still get the advantage of paying less Federal and State income taxes. Your Social Security benefit may also be slightly reduced as a result of your election.
- The administrator is authorized to automatically adjust the amount of your salary reduction if it is necessary to satisfy certain provisions of the Internal Revenue Code or as a result of changes in premiums for the benefits you elected.
- **Prior to the first day of each Plan Year if you do not return a new enrollment form you will be treated as having elected to continue this benefit election for the new Plan Year.** This salary reduction agreement will continue by its terms in the amount of the required contribution for the benefit option for the new Plan Year.

Employee Signature: _____ **Date:** _____