



Human Resources Department
9th Floor
451 West Third Street
Dayton, OH 4542

Enrollment Form

(Plan Year Jan. 1, 2022 – Dec. 31, 2022)

Submit completed form to:

Fax#: (937) 496-7407
E-mail: HR@MCOHIO.ORG

Personal Information		Hire Date		Benefits Effective Date						
		/ /		/ /						
Last Name	First Name	MI	SS#	Employee#						
Work Phone		Home Phone		E-mail						
Verify Spouse/Eligible Dependents (Documentation is required to add dependents)		SS#		DOB	Gender	Legal Relationship	Place an "X" next to those you wish to cover			
Name- Last/First							Medical	Dental	Vision	Supp Life

Health Care Options			
Employee Only <input type="checkbox"/> Basic Plan <input type="checkbox"/> Enhanced Plan	Employee + Child(ren) <input type="checkbox"/> Basic Plan <input type="checkbox"/> Enhanced Plan	Employee + Spouse/Family <input type="checkbox"/> Basic Plan <input type="checkbox"/> Enhanced Plan	Waiver <input type="checkbox"/> Employee Only <input type="checkbox"/> EE + Spouse <input type="checkbox"/> EE + Child(ren) <input type="checkbox"/> Family <input type="checkbox"/> Government Waiver <input type="checkbox"/> Mont. Co. Married Waiver (Proof of other coverage must be attached)

Dental Plan			
<input type="checkbox"/> Decline Coverage	Employee <input type="checkbox"/> Core <input type="checkbox"/> Enhanced	Employee + 1 Dependent <input type="checkbox"/> Core <input type="checkbox"/> Enhanced	Family <input type="checkbox"/> Core <input type="checkbox"/> Enhanced

Vision Plan			
<input type="checkbox"/> Decline Coverage	<input type="checkbox"/> Employee	<input type="checkbox"/> Employee + 1 Dependent	<input type="checkbox"/> Family

Health Savings Account			
<input type="checkbox"/> Decline Coverage <input type="checkbox"/> I am eligible	\$ _____ /monthly deduction	2022 IRS LIMITS (HSA) Employee Only.....\$3,650.00 Employee + 1 or more.....\$7,300.00 Age 55 or older – addtl.....\$1,000.00	2190 _____ 2195 _____ <i>Benefits office use only</i> + _____

Flexible Spending Account			
<input type="checkbox"/> Decline Coverage	Limited FSA (Vision + Dental) \$ _____ /month	FSA Medical \$ _____ /month	Dependent Care \$ _____ /month
			2022 IRS LIMITS (FSA) Traditional or Limited.....\$2,750.00 Dependent Care.....\$5,000.00

Supplemental Life Insurance			
Decline Maintain Add/Increase <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Employee Coverage Request _____ (\$10,000 increments)	In order to be considered for supplemental life insurance and/or short-term disability, you may be required to satisfactorily demonstrate evidence of insurability requirements and receive approval before plan becomes effective.	
	Spouse Coverage Request _____ (\$5,000 increments)		
	Child(ren) Coverage Request <input type="checkbox"/> \$10,000.00 or <input type="checkbox"/> \$20,000.00		

Short-Term Disability		
<input type="checkbox"/> Decline	<input type="checkbox"/> Accept	<input type="checkbox"/> Maintain

I understand that this election of benefits cannot be revoked or changed during the plan year **Jan. 1, 2022 – Dec. 31, 2022** unless I have a life event such as marriage, divorce, birth, adoption, etc. In case of a life event, I understand that I must submit proper documentation to substantiate the life event and provide the appropriate dependent documentation to the County HR department within 30 calendar days of a life event in order to make changes to my benefits elections. I authorize my employer to deduct the required amount for the elections I have made above as applicable. I certify that the information given is true and correct to the best of my knowledge. I further understand that failure to remove dependent(s) who subsequently become ineligible within 30 days of the event or false statements could result in legal prosecution and termination of employment. **Warning: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.**

Signature

Date

Enrollment form and all required documentation must be submitted within 30 days of hire date or Qualifying Life Event