



2024 Benefits Election Worksheet

Before enrolling, complete this worksheet and refer to it when enrolling on Oracle.
Page references refer to pages in the Benefits Guide (for Newly Hired/Newly Eligible).

1. Employee Social Security Number	2. Employee Name (Last, First, MI)	3. Date of Birth	4. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	5. Phone Number																												
6. Home Address		7. City, State, ZIP	8. Date of Hire																													
Florida Blue Medical Benefits, pages 7-10		Prudential Supplemental Health Benefits, pages 11-13																														
Bi-Weekly Deduction <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"></td> <td style="text-align: center;">3748 Plan</td> <td style="text-align: center;">3769 Plan</td> </tr> <tr> <td>EE Only</td> <td style="text-align: center;"><input type="checkbox"/> \$23.18</td> <td style="text-align: center;"><input type="checkbox"/> \$0.00</td> </tr> <tr> <td>EE + Spouse</td> <td style="text-align: center;"><input type="checkbox"/> \$53.92</td> <td style="text-align: center;"><input type="checkbox"/> \$24.30</td> </tr> <tr> <td>EE + Child(ren)</td> <td style="text-align: center;"><input type="checkbox"/> \$50.16</td> <td style="text-align: center;"><input type="checkbox"/> \$20.59</td> </tr> <tr> <td>EE + Family</td> <td style="text-align: center;"><input type="checkbox"/> \$77.14</td> <td style="text-align: center;"><input type="checkbox"/> \$51.66</td> </tr> </table> <input type="checkbox"/> Waive			3748 Plan	3769 Plan	EE Only	<input type="checkbox"/> \$23.18	<input type="checkbox"/> \$0.00	EE + Spouse	<input type="checkbox"/> \$53.92	<input type="checkbox"/> \$24.30	EE + Child(ren)	<input type="checkbox"/> \$50.16	<input type="checkbox"/> \$20.59	EE + Family	<input type="checkbox"/> \$77.14	<input type="checkbox"/> \$51.66	Accident <input type="checkbox"/> Enroll High Plan <input type="checkbox"/> Enroll Low Plan <input type="checkbox"/> Decline Critical Illness <input type="checkbox"/> Enroll High Plan <input type="checkbox"/> Enroll Low Plan <input type="checkbox"/> Decline Hospital Indemnity <input type="checkbox"/> Enroll High Plan <input type="checkbox"/> Enroll Low Plan <input type="checkbox"/> Decline	Bi-Weekly Deduction <input type="checkbox"/> EE Only \$4.86 <input type="checkbox"/> EE+SP \$9.06 <input type="checkbox"/> EE+Child(ren) \$10.46 <input type="checkbox"/> EE+Family \$15.64 <input type="checkbox"/> EE Only \$2.79 <input type="checkbox"/> EE+SP \$3.95 <input type="checkbox"/> EE+Child(ren) \$4.36 <input type="checkbox"/> EE+Family \$6.08 Benefit Options Employee \$30,000, Spouse \$15,000, Child \$15,000 Employee \$15,000, Spouse \$7,500, Child \$7,500 Bi-Weekly Deduction <input type="checkbox"/> EE Only \$10.07 <input type="checkbox"/> EE+SP \$22.02 <input type="checkbox"/> EE+Child(ren) \$16.61 <input type="checkbox"/> EE+Family \$28.56 <input type="checkbox"/> EE Only \$5.27 <input type="checkbox"/> EE+SP \$11.51 <input type="checkbox"/> EE+Child(ren) \$8.94 <input type="checkbox"/> EE+Family \$15.18														
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HealthEquity Flexible Spending Accounts, pages 14-15		Delta Dental Plan, pages 18-19	EyeMed Vision Care Plan, pages 20-21																													
<input type="checkbox"/> Healthcare Spending Account (max: \$3,050/year) \$ _____ <input type="checkbox"/> Dependent Care Account (max: \$5,000/year) \$ _____ Elect an amount to contribute payroll-tax-free and use the money to pay eligible health care expenses for tax dependents or for daycare expenses for dependent child(ren) under age 13 or a tax-dependent adult.		Bi-Weekly Deduction <table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">High DPPO</td> <td style="text-align: center;">Low DPPO</td> </tr> <tr> <td>EE Only</td> <td style="text-align: center;"><input type="checkbox"/> \$2.88</td> <td style="text-align: center;"><input type="checkbox"/> \$1.47</td> </tr> <tr> <td>EE+SP</td> <td style="text-align: center;"><input type="checkbox"/> \$8.31</td> <td style="text-align: center;"><input type="checkbox"/> \$2.54</td> </tr> <tr> <td>EE+Child(ren)</td> <td style="text-align: center;"><input type="checkbox"/> \$6.92</td> <td style="text-align: center;"><input type="checkbox"/> \$2.71</td> </tr> <tr> <td>EE+Family</td> <td style="text-align: center;"><input type="checkbox"/> \$10.85</td> <td style="text-align: center;"><input type="checkbox"/> \$4.08</td> </tr> </table> <input type="checkbox"/> Waive Coverage		High DPPO	Low DPPO	EE Only	<input type="checkbox"/> \$2.88	<input type="checkbox"/> \$1.47	EE+SP	<input type="checkbox"/> \$8.31	<input type="checkbox"/> \$2.54	EE+Child(ren)	<input type="checkbox"/> \$6.92	<input type="checkbox"/> \$2.71	EE+Family	<input type="checkbox"/> \$10.85	<input type="checkbox"/> \$4.08	Bi-Weekly Deduction <table style="width: 100%; border: none;"> <tr> <td>EE Only</td> <td style="text-align: center;"><input type="checkbox"/> \$1.62</td> </tr> <tr> <td>EE+SP</td> <td style="text-align: center;"><input type="checkbox"/> \$3.35</td> </tr> <tr> <td>EE+Child(ren)</td> <td style="text-align: center;"><input type="checkbox"/> \$3.58</td> </tr> <tr> <td>EE+Family</td> <td style="text-align: center;"><input type="checkbox"/> \$5.31</td> </tr> </table> <input type="checkbox"/> Waive Coverage		EE Only	<input type="checkbox"/> \$1.62	EE+SP	<input type="checkbox"/> \$3.35	EE+Child(ren)	<input type="checkbox"/> \$3.58	EE+Family	<input type="checkbox"/> \$5.31					
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New York Life Basic/AD&D and Voluntary Life/AD&D, pages 22-24																																
Employee – Elect up to \$500,000 in \$10,000 increments; up to \$200,000 without proof of good health during this year’s Open Enrollment only. Election amount: \$ _____ or <input type="checkbox"/> Waive Spouse – Up to 100% of the employee elected amount in \$5,000 increments, not to exceed \$500,000; up to \$40,000 without proof of good health. Election amount: \$ _____ or <input type="checkbox"/> Waive Child – Birth to 6 months: \$1,000; 6 months to age 26: in \$2,500 increments up to \$10,000. Elect in \$2,500 increments or <input type="checkbox"/> Waive <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$7,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 You must elect coverage for yourself to add coverage for dependents.		Voluntary Life and AD&D Monthly Rates (per \$1,000) (Spouse premium is based on employee’s age)																														
		<table style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #0070C0; color: white;"> <th style="width: 25%;">Employee Age</th> <th colspan="3" style="text-align: center;">Separate Rates Are the Same for Employee and Spouse</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Under age 30</td> <td style="text-align: center;">\$0.12</td> <td><input type="checkbox"/> 50-54</td> <td style="text-align: center;">\$0.50</td> </tr> <tr> <td><input type="checkbox"/> 30-34</td> <td style="text-align: center;">\$0.12</td> <td><input type="checkbox"/> 55-59</td> <td style="text-align: center;">\$0.83</td> </tr> <tr> <td><input type="checkbox"/> 35-39</td> <td style="text-align: center;">\$0.15</td> <td><input type="checkbox"/> 60-64</td> <td style="text-align: center;">\$1.33</td> </tr> <tr> <td><input type="checkbox"/> 40-44</td> <td style="text-align: center;">\$0.22</td> <td><input type="checkbox"/> 65-69</td> <td style="text-align: center;">\$2.13</td> </tr> <tr> <td><input type="checkbox"/> 45-49</td> <td style="text-align: center;">\$0.34</td> <td><input type="checkbox"/> 70+</td> <td style="text-align: center;">\$3.43</td> </tr> <tr> <td colspan="4" style="text-align: center;">Child: \$1.73 (for \$10,000)</td> </tr> </tbody> </table>			Employee Age	Separate Rates Are the Same for Employee and Spouse			<input type="checkbox"/> Under age 30	\$0.12	<input type="checkbox"/> 50-54	\$0.50	<input type="checkbox"/> 30-34	\$0.12	<input type="checkbox"/> 55-59	\$0.83	<input type="checkbox"/> 35-39	\$0.15	<input type="checkbox"/> 60-64	\$1.33	<input type="checkbox"/> 40-44	\$0.22	<input type="checkbox"/> 65-69	\$2.13	<input type="checkbox"/> 45-49	\$0.34	<input type="checkbox"/> 70+	\$3.43	Child: \$1.73 (for \$10,000)			
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Add Beneficiaries for Life Insurance Elections																																
Beneficiary Name (First, Middle Initial, Last Name)		Relationship	Social Security No./Date of Birth	% of Benefit (must total 100%)																												
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Legal Shield Election, page 25	Pet Insurance, page 26	Other Benefits, page 27
. Bi-Weekly Deduction <input type="checkbox"/> Legal Shield <input type="checkbox"/> Employee/Family \$8.75 <input type="checkbox"/> IDShield <input type="checkbox"/> Employee \$4.13 <input type="checkbox"/> Family \$8.75 <input type="checkbox"/> Legal Shield + IDShield <input type="checkbox"/> Employee \$12.88 <input type="checkbox"/> Family \$15.65	Visit metlife.com/getpetquote or call 800-438-6388	Homeowners and Auto Insurance Call 800-438-6388 to compare coverage and cost with your current policies and for a quote. iThink Credit Union Free checking/low-cost loans and more. Call 800-873-5100

List the Dependents to Add to Your Coverage (see page 7 for Eligibility Requirements)										
Name (First, Middle initial, Last)	Relationship	Social Security Number	Date of Birth mm/dd/year	Gender M/F	Handicapped Y/N	Student Y/N	Coverage Y/N			
							Medical Y/N	Dental Y/N	Vision Y/N	Voluntary Life/AD&D

Notes and Questions to Ask

If you have questions, contact your HR Manager or email the Benefits Team at benefits@mapei.com.