

**2022 BENEFITS ENROLLMENT***(Bridgeport, Connecticut Only)*

Plan Year Start Date: January 1, 2022

Plan Year End Date: December 31, 2022

Enrollment Type: (Check One) <input type="checkbox"/> New Enrollment <input type="checkbox"/> Change due to a Qualifying Life Event (QLE)	Date of Hire: _____ Effective Date: _____
If you checked "Change due to a Qualifying Life Event (QLE)", please provide the type of QLE and the date associated with the event. Supporting documentation for the QLE is required. If you are enrolling a dependent in coverage, you are required to submit verification of your dependent's eligibility (marriage certificate, birth certificate etc.). The change WILL NOT be processed until the documentation is received and approved.	
Type of QLE: _____	Date of QLE: _____

INSTRUCTIONS

Your benefit options are identified in the following sections. Please review your options carefully, then indicate your selections in each section that applies. Once you are finished making your benefit elections, you may fax your completed enrollment form to the Employee Benefits Service Center at 866-406-6946, **OR** return your form to your Human Resources representative. If you have any questions or require assistance, please call the Benefits InfoLine at 866-545-3756.

EMPLOYEE PROFILE

Name: _____	Effective Date: _____
Address: _____	SSN: _____ - _____
City, State and Zip: _____	Date of Birth: _____
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er)	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Phone # / Email: _____

FLEXIBLE SPENDING ACCOUNTS**\$130 ANNUAL MINIMUM/\$2,750 HEALTH & \$5,000 DEPENDENT CARE ANNUAL MAXIMUMS (PRE-TAX)**

To elect a Health Care and/or Dependent Care Flexible Spending Account (FSA), please indicate below the **annual amount** that you would like to contribute to your account (NOTE: this annual amount will be divided among the number of pay periods in the calendar year to determine your contribution per pay period). Please review the FSA section of your Guidebook carefully before enrolling.

- YES**, I would like to elect a Health Care FSA. MY ANNUAL CONTRIBUTION AMOUNT is \$ _____.
- YES**, I would like to elect a Dependent Care FSA (*see below*). MY ANNUAL CONTRIBUTION AMOUNT is \$ _____.
- WAIVE HEALTH CARE FSA BENEFITS** / **WAIVE DEPENDENT CARE FSA BENEFITS**

Please Note: A Dependent Care FSA is **NOT** for health care expenses for your dependents. Please refer to page 17 of your Guidebook for more details.

SUPPLEMENTAL LIFE INSURANCE (AFTER-TAX)

EMPLOYEE COVERAGE ELECTION: 1 times salary 2 times salary 3 times salary 4 times salary 5 times salary

WAIVE EMPLOYEE COVERAGE

SPOUSE COVERAGE ELECTION: \$10,000 \$20,000 \$30,000* \$40,000* \$50,000* **WAIVE SPOUSE COVERAGE**

**These amounts will require your spouse to complete an Evidence of Insurability questionnaire.*

DEPENDENT CHILD(REN) COVERAGE ELECTION: \$2,500 \$5,000 \$10,000 **WAIVE DEPENDENT CHILD(REN) COVERAGE**

LIFE INSURANCE BENEFICIARY INFORMATION

ALL EMPLOYEES MUST COMPLETE THIS SECTION. Please name the beneficiary(ies) for your Company-Paid and Supplemental Life Insurance (if applicable) benefits.

Beneficiary Name (First, MI, Last)	Type (Primary or Contingency)	Date of Birth	SSN	Relationship	Percentage of Benefit (Combined Total Must = 100%)

Inframark 2022 ENROLLMENT FORM – NAME: _____

LONG-TERM DISABILITY COVERAGE

- Tax me later** – Pay no taxes now on the value of your LTD coverage; then pay taxes only if you collect an LTD benefit in the future.
- Tax me now (Default)** – Pay taxes now on the value of the LTD premium paid by Inframark. If you elect this option, additional taxes will be withheld from each pay check to cover the expected tax on the value of the coverage. You would then pay no taxes if you collect an LTD benefit in the future.

LEGAL SERVICES (AFTER-TAX)

- YES**, I would like to elect **Hyatt Legal Plan** at a per pay cost of \$3.70 **WAIVE LEGAL COVERAGE**

NORTONLIFELOCK BENEFITS (AFTER-TAX)

You can choose between two NortonLifeLock benefit options listed below.

WAIVE NORTONLIFELOCK BENEFITS

COVERAGE LEVEL	LifeLock Norton Benefit Essential	LifeLock Norton Benefit Premier	YOUR PHONE: <hr/>
Employee Only (age 18+)	<input type="checkbox"/> \$1.96	<input type="checkbox"/> \$3.46	YOUR EMAIL: <hr/>
Employee & Family	<input type="checkbox"/> \$3.92	<input type="checkbox"/> \$6.92	
<input type="checkbox"/> WAIVE LIFELOCK BENEFITS			

AUTHORIZATION

I have been provided with information relating to each of the above benefit options. I have reviewed this information and understand it. I authorize Inframark to reduce my salary by the agreed upon amounts indicated on this form to pay premiums for myself and/or my dependents on a pre-tax basis for the pre-tax coverages I selected above. These plan elections will stay in effect through December 31, 2022 unless I experience a qualified family status change (and notify Human Resources or the Benefits InfoLine within 31 days of the event) or my employer changes the plan or the duration of the plan year, whichever comes first. I understand the benefit options and costs presented here are based on my current benefit eligibility, salary and age as of effective date and that the benefits and costs will be adjusted based on any changes in eligibility, salary and/or age.

Employee Signature

Date