

Benefits Enrollment and Change Form for Active Employees (please print) See Page 2 for Instructions and Important Information



1. Employee Last Name: _____ Employee First Name: _____ Middle Initial: _____
 Employee # _____ Social Security Number: _____ Daytime Phone Number: _____
 Date of Hire: _____ Work Location: _____ Effective Date of Coverage: *(Internal use only)* _____

2. Life Event: *(only select one)*
 Attach supporting documentation to justify all Life Events. Coverage elections and changes are only allowed if requested within allowed timeframe (usually 31-days) per the list of Life Events.

- New Hire Birth or Adoption of Child Dependent Gains Eligibility Status Hours Increased Open Enrollment Other (list event below)
- Marriage Death of Spouse or Child Spouse/Dependent Gains other Coverage Hours Decreased Retired
- Divorce Dependent Lost Eligibility Status Spouse/Dependent Loses other Coverage Unpaid Leave of Absence Return from Unpaid Leave of Absence

3. Medical Coverage	Dental Coverage (with Delta Dental)	Vision Coverage (with VSP)	Voluntary Disability Buy-Up**
REQUEST <input type="radio"/> Enroll <input type="radio"/> Kaiser Permanente <input type="radio"/> SELECT ONE PLAN <input type="radio"/> Change <input type="radio"/> HMO <input type="radio"/> SELECT ONE COVERAGE <input type="radio"/> Cancel <input type="radio"/> Cigna Open Access <input type="radio"/> Employee Only <input type="radio"/> Waive <input type="radio"/> LOW Option <input type="radio"/> Employee + Spouse <input type="radio"/> HIGH Option <input type="radio"/> Cigna Open Access <input type="radio"/> Employee + Child(ren) <input type="radio"/> Family	REQUEST <input type="radio"/> Enroll <input type="radio"/> SELECT ONE COVERAGE <input type="radio"/> Change <input type="radio"/> Employee Only <input type="radio"/> Cancel <input type="radio"/> Employee + Spouse <input type="radio"/> Waive <input type="radio"/> Employee + Child(ren) <input type="radio"/> Family	REQUEST <input type="radio"/> Enroll <input type="radio"/> SELECT ONE COVERAGE <input type="radio"/> Change <input type="radio"/> Employee Only <input type="radio"/> Cancel <input type="radio"/> Employee + Spouse <input type="radio"/> Waive <input type="radio"/> Employee + Child(ren) <input type="radio"/> Family	REQUEST <input type="radio"/> Enroll <input type="radio"/> SELECT ONE COVERAGE <input type="radio"/> Change <input type="radio"/> Employee Only <input type="radio"/> Cancel <input type="radio"/> Employee + Spouse <input type="radio"/> Waive <input type="radio"/> Employee + Child(ren) <input type="radio"/> Family **Employees enrolled in the Virginia Retirement System (VRS) Hybrid Plan are not eligible for the Disability Buy-Up coverage.

Flexible Spending Accounts

Flexible Spending Accounts, also known as FSAs, are funded 100% by the employee with pre-tax dollars. Go to www.apsva.us/benefits to learn more about the IRS rules that govern FSA plans.

Health Care FSA <small>For eligible health care expenses incurred by you and your qualifying dependents.</small>	Dependent Care FSA <small>For eligible day care expenses for qualifying child(ren) and qualifying adult dependents.</small>	Parking FSA	Transit FSA
Plan Year: _____ Your effective date of coverage through December 31 st . REQUEST <input type="radio"/> Enroll <input type="radio"/> SELECT ONE PLAN <input type="radio"/> Change \$ _____ <input type="radio"/> Employee Only <input type="radio"/> Cancel <input type="radio"/> Plan Year Election Amount Maximum Annual Election: <input type="radio"/> Waive <input type="radio"/> \$2,650 (2018 limit)	Plan Year: _____ Your effective date of coverage through December 31 st . REQUEST <input type="radio"/> Enroll <input type="radio"/> SELECT ONE PLAN <input type="radio"/> Change \$ _____ <input type="radio"/> Employee Only <input type="radio"/> Cancel <input type="radio"/> Plan Year Election Amount Maximum Annual Election: <input type="radio"/> Waive <input type="radio"/> \$5,000 (2018 limit)	Your enrollment, cancellation, or deduction change will be effective the pay period following receipt of your enrollment or change request. REQUEST <input type="radio"/> Enroll <input type="radio"/> SELECT ONE PLAN <input type="radio"/> Change \$ _____ <input type="radio"/> Employee Only <input type="radio"/> Cancel <input type="radio"/> Monthly Election Amount \$260 maximum (2018 limit) <input type="radio"/> Waive	REQUEST <input type="radio"/> Enroll <input type="radio"/> SELECT ONE PLAN <input type="radio"/> Change \$ _____ <input type="radio"/> Employee Only <input type="radio"/> Cancel <input type="radio"/> Monthly Election Amount \$260 maximum (2018 limit) <input type="radio"/> Waive

4. Spouse / Dependent Information: *(please print)*
 If you are enrolling your eligible family members for benefits, you will need to provide the dependent's full name, date of birth, and Social Security number. If covering a spouse, you will need to provide a copy of your marriage certificate. If covering a dependent child, you will need to provide a copy of your child's birth certificate, or proof of adoption or legal guardianship.

Dependent's Social Security Number	Dependent's Name (Last, First, MI)	Relationship	Gender (M/F)	Dependent's Date of Birth	Medical (Yes/No)	Dental (Yes/No)	Vision (Yes/No)	Add / Drop

5. I hereby request enrollment and authorize deductions from my earnings of the required contributions for the above elected plan(s):

Employee Signature: _____ Date: _____
 Return your completed form and applicable documents to the Human Resources Department.
 APS Human Resources Department • 2110 Washington Blvd., Arlington, VA 22204 • Fax: 703-841-2138 • E-Mail: benefits@apsva.us

TIP!
 Go to www.apsva.us/benefits to view detailed benefit and coverage information.

APS Benefits Enrollment and Change Form

Instructions and Important Reminders:

Complete the “**APS Benefits Enrollment and Change Form**” indicating your coverage elections and/or waivers and return your completed form to the Human Resources Department. *(see contact information at bottom of form)*

Electing Medical, Dental, Vision, Voluntary Disability Buy-Up (if eligible), Health Care FSA, and Dependent Care FSA

NEW Employee: Coverage will begin on the 1st day of the month following 30-days of employment. You have 31-days from your first day of employment to elect coverage.

NEWLY-Eligible Employee: Coverage will begin on the 1st day of the month following the effective date of your new, benefits-eligible position. You have 31-days from your new, benefits-eligible position to elect coverage.

Electing Parking FSA and Transit FSA You can enroll or change your Parking and Transit FSA elections at any time during the year. Elections are effective the pay period following your election or change request.

Waiving Coverage If you decide not to enroll in coverage, you must complete the “**APS Benefits Enrollment and Change Form.**” Select the “Waive” boxes and return your completed form to Human Resources.

Electing Coverage for Eligible Dependents:

Your eligible dependents can also participate in the plans in which you are enrolled:

Your lawful spouse: Your spouse is eligible to participate in the plan if he or she is an individual who is recognized as your husband or wife under the laws of the state where you live. *(Common-law spouses are not eligible.)*

If covering a spouse, you will need to provide a copy of your marriage certificate.

Your child(ren): including your biological child, legally-adopted child (or child placed for adoption), stepchild, foster child, child for whom you are the legal guardian and child you are required to cover under the terms of a qualified medical child support order, to age 26.

If covering a dependent child, you will need to provide a copy of your child's birth certificate, or proof of adoption or legal guardianship.

If you are enrolling your eligible family members for benefits, you will need to provide your dependent's full name, date of birth, gender, and Social Security number.