

2018-2019 OPEN ENROLLMENT CHECKLIST

All forms and benefit summaries are available on the Simpson website:
<http://simpson.edu/human-resources/forms-and-resources/2018-2019/>

Medical/Prescription Drug: Please see page 2 for your 2018 plan details.

- **ALL EMPLOYEES MUST COMPLETE A WELLMARK APPLICATION.**
- **If you are waiving coverage you must complete Sections A, B, G, sign and date.**
- **IF YOU ARE ELECTING A POS HMO PLAN, PLEASE REMEMBER OUT OF NETWORK PROVIDERS ARE NOT CONTRACTED AND CAN BALANCE BILL YOU FOR SERVICES**

1. If you are enrolling in SC Plan 1 PPO

- ___ a. Complete application (also indicate plan in Section B)
- ___ b. Return application to HR Office by **April 30, 2018**

2. If you are enrolling in SC Plan 2 POS HMO or SC Plan 3 POS HMO:

- ___ a. Complete application (also indicate plan in Section B)
- ___ b. Complete Personal Doctor Selection Form
- ___ c. Return all necessary paperwork to HR Office by **April 30, 2018**

3. If you are enrolling in SC 4 HDHP PPO: - Accident Insurance Provided

- ___ a. Complete application (also indicate plan in Section B)
- ___ b. Complete HSA Enrollment Form & Accident Insurance Enrollment Form (See page 3)
- ___ c. Complete 2018-2019 HSA Payroll Deduction Form
- ___ d. Return all necessary paperwork to HR Office by **April 30, 2018**

4. If you are enrolling in SC 5 HDHP POS HMO: - Accident Insurance Provided

- ___ a. Complete application (also indicate plan in Section B)
- ___ b. Complete Personal Doctor Selection Form
- ___ c. Complete HSA Enrollment Form & Accident Insurance Enrollment Form (See page 3)
- ___ d. Complete 2018-2019 HSA Payroll Deduction Form
- ___ e. Return all necessary paperwork to HR Office by **April 30, 2018**

Dental/Vision Insurance: Please see page 4 for your 2018 plan details.

1. If you are currently enrolled in D/V insurance and will not be making a change in 2018, no action is required.
2. If you are changing those covered or enrolling for the first time:
 - ___ a. Complete the Delta Dental Enrollment Form
 - ___ b. Return all necessary forms to HR Office by **April 30, 2018.**

Flex 125 Plan: Please see page 5 for your 2018 plan details.

1. If you are not interested in a flex account and did not have an account this year, no action is required.
2. If you had a flex account for the 2017-2018 year and want to discontinue:
 - ___ a. Complete the FSA Election Form with a \$0 withholding
 - ___ b. Return the necessary form to HR office by **April 30, 2018.**
3. If you are adding or maintaining a current account OR changing a current flex account amount:
 - ___ a. Complete FSA Election Form
 - ___ b. Consider having your payments direct deposited
 - ___ c. Return all necessary forms to HR Office by **April 30, 2018.**

Life Insurance: Please see pages 6 and 7 for your 2018 plan details.

1. If you are not making any changes for 2018, no action is required.
2. If you are adding to your current coverage or enrolling for the first time, please contact the HR Office by **April 30, 2018.**

Long-Term Disability: Please see page 9 for your 2018 plan details.

These benefits have not changed and are paid for by SC.

Accident/Critical Illness Insurance: Please check out page 10 for plan details.

- ___ a. See attached documents for more details including rate sheet.
- ___ b. Complete the Enrollment Form by **April 30, 2018.**

Pet Insurance: Please check out page 10 for plan details.

- ___ a. See attached documents for more details including rate sheet.
- ___ b. Complete On-Line Enrollment at <http://www.petinsurance.com/simpson>