



**Eye Specialists of Georgia  
Employee Benefits Enrollment Form**  
Please Use Ink and print legibly or Type

Benefit Effective Date: \_\_\_/\_\_\_/\_\_\_

**Section 1 - Employee Information (Complete for ALL Enrollments)**

Employee Last Name	First Name	Middle	Social Security Number	Date of Birth
Street Address		City	State	Zip
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single	Primary Phone	Date of Full-Time Employment	Email Address

**Section 2 - Dependent Information (Complete only for each person to be covered)**  
Consult employer guidelines for Dependent Eligibility. Attach additional pages if necessary to list all dependents to be covered.

<b>Spouse</b>	Last Name	First Name	Middle	<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security No.	Date of Birth
<b>Dependent 1</b>	Last Name	First Name	Middle	<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security No.	Date of Birth
<b>Dependent 2</b>	Last Name	First Name	Middle	<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security No.	Date of Birth
<b>Dependent 3</b>	Last Name	First Name	Middle	<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security No.	Date of Birth
<b>Dependent 4</b>	Last Name	First Name	Middle	<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security No.	Date of Birth
<b>Dependent 5</b>	Last Name	First Name	Middle	<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security No.	Date of Birth
<b>Dependent 6</b>	Last Name	First Name	Middle	<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security No.	Date of Birth

**Section 3 – Benefit Election and Payroll Deduction Authorization**  
Indicate your benefit election by placing an X beside the appropriate benefit tier and deduction amount. Deduction amounts are per pay period based upon 26 annually.

Medical Election & Deduction			Dental Election & Deduction		
	Base Option 1	Buy Up Option 2			
_____ Employee Only	\$130.71	_____ \$190.74	_____ Employee Only		\$22.52
_____ Employee w Spouse	\$402.04	_____ \$527.53	_____ Employee w Spouse		\$41.05
_____ Employee w Child	\$352.71	_____ \$466.24	_____ Employee w Child		\$50.66
_____ Employee w Family	\$624.03	_____ \$803.31	_____ Employee w Family		\$72.57
_____ WAIVE ALL MEDICAL	\$0.00		_____ WAIVE ALL DENTAL		\$0.00

**Section 4 – Complete ONLY for Waiver of Medical**

Reason for Waiving Medical <input type="checkbox"/> Covered by Spouse's Employer <input type="checkbox"/> Marketplace Coverage <input type="checkbox"/> Medicare/Retiree Coverage.	<input type="checkbox"/> Medicaid/State <input type="checkbox"/> Other _____	<input type="checkbox"/> NONE	Insurance Company Name
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## GROUP BENEFIT OFFERING TERMS AND CONDITIONS

### Eligibility and Benefits Offered

All full-time (regularly scheduled to work 30 hours weekly) employees are offered benefits. A change to part-time status (regularly scheduled to work less than 30 hours weekly for multiple pay periods) ends your eligibility for these benefits. You may choose to enroll your legal spouse and / or eligible children (adopted, natural or court appointed) through convenient and affordable payroll deductions. All family members must be enrolled in the same medical option. In addition, optional dental benefits are available through payroll deduction.

**The day you become eligible for your employer's medical benefits you are *NOT* eligible for any government subsidy of premiums or benefits, whether or not you choose to enroll in the health insurance plans offered. For some, this means you will lose existing Medicaid (although your children may remain covered). For others it may mean your cost for any healthcare.gov / marketplace / Obamacare health insurance will likely go up and benefits down, significantly.**

### When to Elect/Enroll

**You must indicate to elect or decline each benefit offered on page 1 of this form during your first 3 weeks of employment.** If you miss this deadline to properly complete elections /enrollment you will not be able to elect /enroll in any these benefits until the next annual enrollment period which is typically held each January - February for a March 1 effective date UNLESS you enroll within 30 days of a Qualifying Event (as defined in SECTION 125 of the INTERNAL REVENUE CODE).

### When Benefits Begin

Benefits become effective on the 1<sup>st</sup> day of the month following 1 month of qualifying service.

### Employee Contribution Requirements & Pre-Tax treatment of Certain Deductions

Any payroll deducted employee contributions required for participation will commence with the 1<sup>st</sup> scheduled payroll 1 month prior the effective date of coverage and continue each subsequent payroll, unless new elections are properly and timely submitted in accordance with applicable requirements. Employee contributions for medical, dental and vision will be deducted on a pre-tax basis, saving you money in taxes you are not required to pay on earnings used to purchase these benefits.

**Missed or inadequate payroll deduction** of required employee contributions due to leave or insufficient hours must be made up.

**Continuation of benefits during an approved leave** may require additional contributions by the employee for amounts the company normally pays while you are actively at work.

### By Signing Below You Attest and Understand and Agree that:

You authorize your employer to deduct the indicated premiums from your paycheck, remit these amounts to the respective benefits providers and for those deductions that are eligible for Pre-Tax Treatment, to 1) reduce your salary by these amounts in accordance with Section 125 of the IRS Code, and 2) make future adjustments in the amount of salary reduction in the event that the cost of coverage in any of the selected programs is changed during the plan year.

Eligible deductions for certain benefit that are treated as salary reductions under Section 125 of the IRS Code **are irrevocable during the plan year and must remain in effect, EXCEPT in cases of a qualifying change in status event as defined under Section 125 of the IRS Code (Adoption, Birth, Death, Marriage, Divorce, Change in employment status triggering a loss/gain of eligibility.)** Any change in elections must be consistent with and on account of the qualifying event change in status and completed within 30 days of such event.

These benefit elections, terms and conditions and authorizations, including salary reductions may remain in effect for future plan years, unless during the annual enrollment period or due to a mid-year qualifying event, as permitted by IRS Regulations, a subsequent election form is filed, in accordance with the plan. Otherwise, this authorization shall cease only; a) automatically upon my termination as an employee; or b) upon discontinuance of the deduction and remittance agreements between my employer and any of the respective benefit providers.

Any dependents for whom coverage is elected meet the eligibility criteria described herein

Any coverage for employees or dependents, which an employee elects to waive may exclude that employee or their dependents from the opportunity to participate in this plan at a later time without some or all of the following: a) a qualifying event as defined under Section 125 of the IRS Code, b) until the next new policy or plan year, c) medical evaluation and/or proof of good health furnished at my own expense; and that if enrolled, pre-existing conditions or other late entrant provisions may apply at that time.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_