

Turning age 26

If you are losing coverage under a parents benefit plan due to turning age 26, you must do the following:

- Notify a member of the benefits team within 31 days of turning age 26.
- Submit supporting documentation to show the loss of other medical coverage under your parent's plan.
- Print and submit the election form. A copy is below.

Please notify a member of the Benefits team within 31 days of any event above if you wish to make any changes to your benefits. Submit supporting documentation and notification of the event to Deanna.baamonde@convatec.com.

2017 Benefits Enrollment Form

| Tell Us About You | | | | Medical & Dental Insurance | | | Flexible Spending Account (FSA) | |
|---|----------------|------------|---|-------------------------------------|--|--|---|---|
| | | | | Check them if you are enrolling in: | | | Please select plan year deduction | |
| Last Name | First Name | M.I. | Medical Plan Name OAP / CDHP | Circle | Dental | Vision | Health Care FSA (Minimum \$2/M/maximum \$2,550) Annual Election | Dependent Care FSA (Minimum \$2/M/maximum \$5,000) Annual Election |
| Home Address: Number and Street | | | Apt. #/P.O. Box | <input type="checkbox"/> Employee | <input type="checkbox"/> Employee | <input type="checkbox"/> Employee | \$ _____ | \$ _____ |
| City | | | State | Zip Code | <input type="checkbox"/> Employee + Child(ren) | <input type="checkbox"/> Employee + Child(ren) | <input type="checkbox"/> Employee + Child(ren) | |
| Home Telephone | Work Telephone | Cell Phone | Marital Status (please check) Married () Single () Divorced () Widowed () | | | <input type="checkbox"/> Employee + Spouse | <input type="checkbox"/> Employee + Spouse | <input type="checkbox"/> Employee + Spouse |
| | | | | <input type="checkbox"/> Family | <input type="checkbox"/> Family | <input type="checkbox"/> Family | Health Savings Account (HSA) Annual Election \$ _____ | |
| | | | | <input type="checkbox"/> Waived | <input type="checkbox"/> Waived | <input type="checkbox"/> Waived | Voluntary Life Insurance Optional Life (# of times your annual salary) <input type="checkbox"/> 1x = \$25,000 <input type="checkbox"/> 2x = \$50,000 <input type="checkbox"/> 3x = \$75,000 <input type="checkbox"/> 4x = \$100,000 <input type="checkbox"/> 5x = \$125,000 Child Life (Must enroll in optional life before you can elect) <input type="checkbox"/> \$5,000 | |
| Dependent Information | | | | | | | | |
| Dependent | Last Name | First Name | M.I. | Relationship | Full Time Student (Y/N) | Date of Birth (MM/DD/YY) | Social Security Number | Optional Life (# of times your annual salary) |
| Dependent | | | | | | | | <input type="checkbox"/> 1x = \$25,000 <input type="checkbox"/> 2x = \$50,000 <input type="checkbox"/> 3x = \$75,000 <input type="checkbox"/> 4x = \$100,000 <input type="checkbox"/> 5x = \$125,000 Child Life (Must enroll in optional life before you can elect) <input type="checkbox"/> \$5,000 |
| Dependent | | | | | | | | |
| Dependent | | | | | | | | |
| Dependent | | | | | | | | |
| Dependent | | | | | | | | |
| Life Insurance Beneficiary Information | | | | | | | | |
| Name | Relationship | Address | Primary % | Contingent % | Legal Plan | | | |
| | | | <input type="checkbox"/> Enroll | <input type="checkbox"/> Decline | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Employee Signature _____ Date (MM/DD/YY) ____/____/____ | | | | | | | | |

Return this form to:
 Deanna Lazouskas-Baamonde at deanna.baamonde@convatec.com

