Enrollment Session Preparation Worksheet

Bring this worksheet to your appointment with the Onsite Benefit Counselor to ensure your questions are answered about the benefits that are important to you and your family.



| My | Information | | | |
|---|--|----------------------------------|-----|--|
| | Is my address correct? | | | |
| | Cell Number | | | |
| | Emergency Contact | | | |
| | Email address | | | |
| Мν | Dependent's Information | | | |
| | SPOUSE | | | |
| | Name: | DOB | SSN | |
| | CHILD(REN) Name: | DOB | SSN | |
| | Name: | | | |
| | Name: | | | |
| My | Beneficiary | | | |
| | Name: | Percentage | | |
| | Name: | | | |
| М- | Benefits | - | | |
| | dical Insurance | | | |
| Review with the counselor primary care and specialty doctor office visits | | | | |
| | | | | |
| He | alth Savings Account and Flexible Spending Account | | | |
| | How much do I need to put aside for out of pocket medical | related expenses this year? | | |
| De | ntal Insurance | | | |
| | Do I understand Preventive Care? Do I understand when I have to pay for care? | | | |
| <u>Vision Insurance</u> | | | | |
| □ What are my needs for a vision plan? □ Who in my family needs an exam, glasses or contact lenses? | | | | |
| Dis | <u>ability Insurance</u> Make sure I understand how it works | | | |
| Rag | sic Life Insurance | | | |
| | Confirm my coverage | Are my beneficiaries up to date? | | |
| Vol | Voluntary Benefits | | | |
| | Accident – This coverage can help with out of pocket medical expenses due to an accident | | | |
| | Critical Illness – How would my savings be affected by an unexpected serious illness? | | | |
| | Life Insurance – Includes Long Term Care coverage that you can take with you if you change employers or retire | | | |
| | Hospital Indemnity – Coverage provides cash benefits for hospital and intensive care confinements and can help cover them as they happen | | | |
| | Legal Insurance – provides you and your family the legal protection you not only need but deserve | | | |
| Questions for the Onsite Benefit Counselor: | | | | |
| | | | | |
| | | | | |
| | | | | |
| BE | PREPARED! Your Appointment Session Checklist: | | | |
| | , | | | |
| | Complete your Enrollment Session Preparation Worksheet | | | |
| | Be prepared to make benefit decisions during your 30-minu | ite onsite enrollment session | | |

Bring the dates of birth and social security number(s) for all eligible dependent(s) to your appointment