

Health, Dental, Vision and Life Benefits Election Form

J Solutions, Inc. is offering one dental plan, one vision plan, one employer sponsored life plan, and one voluntary employee sponsored life plan this election period. Please make your selections below, sign, and return this form to J Solutions, Inc. Remember to refer to the payroll deduction schedules and Summary of Benefits and Coverage to help you select the plan that is right for you.

If you do not wish to participate in a plan, please check the box(es) marked "waive," sign, and return the form.

Employee Name _____

BCBS MEDICAL INSURANCE- EMPLOYER/EMPLOYEE PAID

NOT OFFERED AT THIS TIME.

HUMANA VOLUNTARY DENTAL INSURANCE - 100% EMPLOYEE PAID

I choose the following dental insurance coverage:

- Employee Only
- Employee + Spouse
- Employee + Child(ren)
- Employee + Family
- Waive: I choose not to participate in the dental plan.

Humana Voluntary Vision – 100% Employee Paid

I choose the following vision insurance coverage:

- Employee Only
- Employee + Spouse
- Employee + Child(ren)
- Employee + Family
- Waive: I choose not to participate in the vision plan.

Humana Life Insurance Beneficiary – 100% Employer Paid

_____ Name & Relationship (Primary)

_____ Name & Relationship (Contingent)

Guardian Voluntary Life – 100% Employee Paid

I choose the following life insurance coverage:

- Employee Only**
- Employee + Spouse**
- Employee + Child(ren)**
- Employee + Family**
- Waive:** I choose not to participate in the voluntary life insurance plan.

If changing your Guardian election, additional enrollment documents will need to be filled out.

Dependent Information:

Type of Dependent	Dependent's Full Legal Name	Dependent Gender M/F	Dependent Date of Birth	Dependent Social Security Number
Spouse				
Child				
Child				
Child				
Child				

I understand the coverage I have elected is effective _____.
If I waive coverage, I cannot enroll until the 2023 open enrollment period, unless I have a qualifying event.

Employee Signature

Date