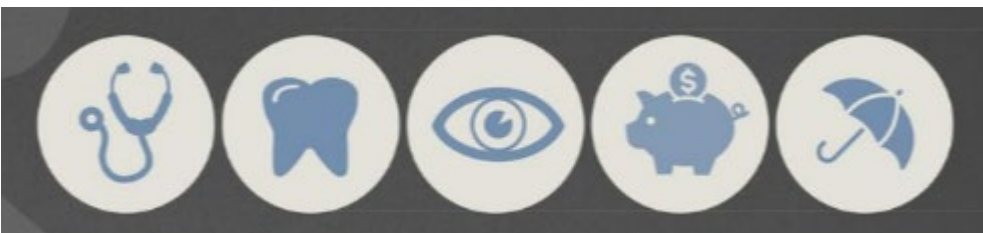


# BENEFITS ENROLLMENT FORM

*Benefits supporting your  
personal health and  
family needs.*

## Instructions:

**Please complete,  
sign, and date this  
enrollment form  
and return it to  
the Human  
Resources  
Department  
within 31 days of  
your date of hire  
or within 31 days  
of a Qualifying  
Life Event.**





# BENEFITS ENROLLMENT FORM

Choose One:  New Hire Enrollment  Qualifying Life Event

## Employee Data

Full Name (please print)

Date of Birth

Effective Date

Address

Street

City

State

Zip Code

## Qualifying Event Reason(s):

- Name Change  Marriage  Divorce  Death  Birth  Adoption/Legal Custody  
 Court-Ordered Dependent  Loss of Coverage  Other Life Event – Reason:

## Medical Plan (Pre-Tax)

### 1. Choose your Health Plan Option:

- No Coverage  
 United Healthcare – Basic Medical Plan – with Health Savings Account  
(Indicate *your* HSA contribution amount below, if applicable\*\*)  
 United Healthcare – Core Medical Plan – with Health Savings Account  
(Indicate *your* HSA contribution amount below, if applicable\*\*)  
 Surest Medical Plan (not eligible for Health Savings Account)

Choose your Level of Coverage:

- Employee Only  Employee + Spouse  Employee + Child(ren)  Family

\*\* VCM will make a monthly contribution, based on the level of elected coverage, to a Health Savings Account through Optum Bank. In addition, if you wish to contribute to the Health Savings Plan, via payroll deduction, please elect your contribution amount below.

- I elect to contribute \$\_\_\_\_\_ per pay period to my Health Savings Account through Optum Bank (not to exceed the current IRS limits).

**Dental Plan (Pre-Tax)**

**2. Choose your Dental Plan Option:**

- No Coverage
- United Healthcare – Dental Plan

Choose your Level of Coverage:

- Employee Only
- Employee + Spouse
- Employee + Child(ren)
- Family

**Vision Plan (Pre-Tax)**

**3. Choose your Vision Plan Option:**

- No Coverage
- United Healthcare – Vision Plan

Choose your Level of Coverage:

- Employee Only
- Employee + Spouse
- Employee + Child(ren)
- Family

**Plan(s) Enrollment Detail – Please complete for all covered participants and plan elections**

**4. Be sure to check the appropriate boxes for the coverage(s) you elect for you and your dependents; you may add any additional dependents on a separate sheet of paper, if necessary.**

NAME (LAST IF DIFFERENT, FIRST, M.I.)	DATE OF BIRTH (MM/DD/YY)	SEX (M/F)	SOCIAL SECURITY NUMBER	HEALTH	DENTAL	VISION	LEGALSHIELD	MASA	GENOMIC LIFE
EMPLOYEE:									
SPOUSE:									
CHILD:									
CHILD:									
CHILD:									

**5. Unum Employee Supplemental Life Insurance (after-tax)**

Supplemental Life Insurance is in addition to the Basic Life Insurance (2.5x your annual earnings or base salary (whichever is greater) up to a maximum of \$750,000) that Victory Capital Management provides at no cost to you. You must provide evidence of insurability for Supplemental coverage above the guaranteed issue of \$280,000. *\*\*Guarantee Issue amount may differ for a Qualifying Event.*

List amount of coverage from \$10,000 - \$750,000 in increments of \$10,000:

- No Coverage       I elect \$\_\_\_\_\_,000

**6. Unum Employee Accidental Death & Dismemberment (AD&D) Insurance (after-tax)**

Supplemental AD&D Insurance is in addition to the Basic AD&D Insurance (2.5x your annual earnings or base salary (whichever is greater) up to a maximum of \$750,000) that Victory Capital Management provides at no cost to you.

List amount of coverage from \$10,000 - \$750,000 in increments of \$10,000:

- No Coverage       I elect \$\_\_\_\_\_,000

**7. Unum Spouse Life Insurance (after-tax)**

List amount of coverage from \$1,000 - \$250,000 in increments of \$1,000. The amount requested cannot exceed the employee covered amount. You must provide evidence of insurability for Supplemental coverage above the guaranteed issue of \$50,000. *\*\*Guarantee Issue amount may differ for a Qualifying Event.*

- No Coverage       I elect \$\_\_\_\_\_,000

**8. Unum Spouse Supplemental Accidental Death & Dismemberment (AD&D) Insurance (after-tax)**

List amount of coverage from \$1,000 - \$250,000 in increments of \$1,000. The amount requested cannot exceed the employee covered amount.

- No Coverage       I elect \$\_\_\_\_\_,000

**9. Unum Dependent Life Insurance (up to age 19, or 26 if fulltime student) (after-tax)**

List amount of coverage from \$1,000 - \$10,000 in increments of \$1,000. The amount requested cannot exceed the employee covered amount. *\*\*Guarantee Issue amount may differ for a Qualifying Event.*

- No Coverage       I elect \$\_\_\_\_\_,000 for each dependent child

**10. Unum Dependent Supplemental Accidental Death & Dismemberment (AD&D) Insurance (after-tax)**

List amount of coverage from \$1,000 - \$10,000 in increments of \$1,000. The amount requested cannot exceed the employee covered amount.

- No Coverage       I elect \$\_\_\_\_\_,000 for each dependent child

## Additional Ancillary Benefits

**11. Flexible Spending Account – A Navia Enrollment Form will also need to be completed.**

- No Coverage
- Limited – I elect \$\_\_\_\_\_ annual contribution –  
*Only eligible if enrolled in a High-Deductible Health Plan (Annual Limit for 2024 is: \$4,150)*
- Medical – I elect \$\_\_\_\_\_ annual contribution –  
*Only eligible if NOT enrolled in a High-Deductible Health Plan (Annual Limit for 2024 is: \$4,150)*
- Dependent Care – I elect \$\_\_\_\_\_ annual contribution –  
*(Annual Limit for 2024 is: \$5,000)*

**12. LegalShield – A LegalShield Enrollment Form will also need to be completed.**

- No Coverage
- Personal Plan – Single/Family Coverage \$8.54/per pay
- Personal/Business Plan – Single/Family Coverage \$15.44/per pay

**13. MASA Emergency Transportation – A MASA Enrollment Form will need to be completed.**

- No Coverage
- Emergent Plus (US & Canada) – Single/Family Coverage \$6.46/per pay
- Platinum (Worldwide) – Single/Family Coverage \$18.00/per pay

**14. Genomic Life – A Genomic Life Enrollment Form will need to be completed.**

- No Coverage
- Employee Only (monthly rates by age shown below)
- Employee & Spouse (monthly rates by age shown below)

	EE Only	EE & SPOUSE
Up to Age 50	\$18	\$36
Age 50-64	\$22	\$44
Age 65+	\$26	\$52

## Acknowledgement

### 15. Signature

I certify below that I have completed this form to the best of my knowledge, and I understand the following:

- My coverage elections on this form cannot be revoked or modified during the year (with the exception of the Health Savings Account (HSA) unless I have a qualifying change in status as defined by the IRS; however, I may change my coverage elections during the next open enrollment period.)
- My pay will be reduced by the amount of any contributions noted for the coverage(s) elected where the contributions are pre-tax.

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Signature

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Date