# 2018 Election Checklist

**Checklist** - completion prior to making your online enrollment will ensure an easier and efficient experience!

## Medical
- HDHP
- PPO
- Waive
- Employee
- Employee + child(ren)
- Employee + spouse
- Family

## Health Savings Account (HSA)
*(HDHP Participants Only)*
- Contributions from 2 sources:
  - Employee
  - Employer (Wright State)
- 2018 IRS Maximum Contributions:
  - Individual: $3,450
  - Family: $6,900
  - Age 55 catch-up: $1,000
- Per Pay Period Deduction: $_________.00
- Your Annual Deduction $_________.00
- Note: Your payroll deductions can be changed (increase or decrease) at any time during the year by providing a HSA Salary Reduction form to HR.

## Dental
- Delta Dental
- Waive
- Employee
- Employee + child(ren)
- Employee + spouse
- Family

## Vision
- VSP
- Waive
- Employee
- Employee + child(ren)
- Employee + spouse
- Family

## Domestic Partner (Not Married)
- Medical
- Dental
- Vision
- Employee + DP
- Employee + DP child(ren)
- Employee + DP + DP child(ren)
- Employee + child(ren) + DP +/or DP Child(ren)

## Flexible Spending Healthcare
*(PPO Participants Only)*
- Enroll
- Or Do nothing
- Per Pay Period Deduction: $_________.00
- Multiply time # pay periods 12 Monthly or 24 Biweekly
- System will Calculate Your Annual Deduction $_________.00
- IRS Maximum is $2,650

## Flexible Spending Dependent Care
*(For All Participants)*
- Enroll
- Or Do nothing
- Per Pay Period Deduction: $_________.00
- Multiply time # pay periods 12 Monthly or 24 Biweekly
- System will Calculate Your Annual Deduction $_________.00
- IRS Maximum is $5,000 (File Separate $2,500)
DEPENDENTS  The following Information is needed to add a dependent. We also suggest you have this information available to verify current dependents.

<table>
<thead>
<tr>
<th>Dependent 1</th>
<th>Dependent 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name:</td>
<td>First Name:</td>
</tr>
<tr>
<td>Middle Name or Initial:</td>
<td>Middle Name or Initial:</td>
</tr>
<tr>
<td>Last Name:</td>
<td>Last Name:</td>
</tr>
<tr>
<td>SSN:</td>
<td>SSN:</td>
</tr>
<tr>
<td>Relationship:</td>
<td>Relationship:</td>
</tr>
<tr>
<td>Birth Date MM/DD/YYYY:</td>
<td>Birth Date MM/DD/YYYY:</td>
</tr>
<tr>
<td>Gender: Male or Female</td>
<td>Gender: Male or Female</td>
</tr>
<tr>
<td>Active: Active</td>
<td>Active: Active</td>
</tr>
<tr>
<td>Beneficiary, Dependent or Both:</td>
<td>Beneficiary, Dependent or Both:</td>
</tr>
<tr>
<td>Spouse Employment: Employed WSU or not</td>
<td>Spouse Employment: Employed WSU or not</td>
</tr>
<tr>
<td>Marital Status:</td>
<td>Marital Status:</td>
</tr>
</tbody>
</table>

After your Online Enrollment is Submitted – Additional Paperwork required:
The following elections require additional paperwork and/or action; forms and instructions are available on the Open Enrollment section of the Human Resources’ Benefits website. Please forward to Human Resources immediately following your submission.

<table>
<thead>
<tr>
<th>HDHP</th>
<th>First Time Enrollee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Establish a Fifth Third Bank HSA Account on their website</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Domestic Partner (Not Married)</th>
<th>Establishing a New Domestic Partnership</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Domestic Partner Certification Checklist</td>
</tr>
<tr>
<td></td>
<td>- Affidavit of Domestic Partnership</td>
</tr>
</tbody>
</table>

Paper Process – If Desired, You have the Option to Initiate a Change:
Please refer to the Open Enrollment section found on the Human Resources website for instructions. If changes are desired, paperwork must be received by Human Resources by November 14, 2017.

<table>
<thead>
<tr>
<th>Short Term Disability</th>
<th>A paper process</th>
<th>During Open Enrollment, you can enroll or drop coverage.</th>
</tr>
</thead>
</table>

| Supplemental Life Insurance Employee and/or Dependents | A paper process | During Open Enrollment, you can enroll, drop coverage, increase or decrease coverage. |