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: $3,500
  - Family: $7,000
  - 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

### 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 $2,600

### 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><strong>First Name:</strong></td>
<td><strong>First Name:</strong></td>
</tr>
<tr>
<td><strong>Middle Name or Initial:</strong></td>
<td><strong>Middle Name or Initial:</strong></td>
</tr>
<tr>
<td><strong>Last Name:</strong></td>
<td><strong>Last Name:</strong></td>
</tr>
<tr>
<td><strong>SSN:</strong></td>
<td><strong>SSN:</strong></td>
</tr>
<tr>
<td><strong>Relationship:</strong></td>
<td><strong>Relationship:</strong></td>
</tr>
<tr>
<td><strong>Birth Date MM/DD/YYYY:</strong></td>
<td><strong>Birth Date MM/DD/YYYY:</strong></td>
</tr>
<tr>
<td><strong>Gender:</strong></td>
<td><strong>Gender:</strong> Male or Female</td>
</tr>
<tr>
<td><strong>Active:</strong></td>
<td><strong>Active:</strong> Active</td>
</tr>
<tr>
<td><strong>Beneficiary, Dependent or Both:</strong></td>
<td><strong>Beneficiary, Dependent or Both:</strong></td>
</tr>
<tr>
<td><strong>Spouse Employment:</strong></td>
<td><strong>Spouse Employment:</strong> Employed WSU or not</td>
</tr>
<tr>
<td><strong>Marital Status:</strong></td>
<td><strong>Marital Status:</strong></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><strong>First Time Enrollee</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Establish a Fifth Third Bank HSA Account on their website</td>
<td></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, 2018.

<table>
<thead>
<tr>
<th><strong>Short Term Disability</strong></th>
<th><strong>A paper process</strong></th>
<th><strong>Supplemental Life Insurance</strong> Employee and/or Dependents</th>
<th><strong>A paper process</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>During Open Enrollment, you can enroll or drop coverage.</td>
<td>During Open Enrollment, you can enroll, drop coverage, increase or decrease coverage.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>