# 2023 Benefits Election Checklist

<table>
<thead>
<tr>
<th>Name:</th>
</tr>
</thead>
</table>

### Medical

- **Medical**
  - [ ] Blue HPN
  - [ ] HDHP
  - [ ] PPO 80/20
  - [ ] Waive

### Health Savings Account (HSA)

- **Health Savings Account (HSA)**
  - Contributions from 2 sources:
    - Employee
    - Employer (Wright State)
  - 2023 IRS Maximum Contributions:
    - Individual: $3,850
    - Family: $7,750
    - Age 55 catch-up: $1,000

### Dental

- **Dental**
  - [ ] Dental
  - [ ] Waive

### Vision

- **Vision**
  - [ ] Vision
  - [ ] Waive

### Flexible Spending Healthcare

- **Flexible Spending Healthcare**
  - [ ] Enroll
  - [ ] Waive

### Flexible Spending Dependent Care

- **Flexible Spending Dependent Care**
  - [ ] Enroll
  - [ ] Waive

### Employment Coverage

- [ ] Employee
- [ ] Employee + Child(ren)
- [ ] Employee + Spouse
- [ ] Employee + Family

### Per Pay Period Deduction

- Per Pay Period Deduction: $__________.00

### Your Annual Deduction

- Your Annual Deduction: $__________.00

### Note

- Your payroll deductions can be changed (increase or decrease) at any time during the year by providing a HSA Contribution Form to HR.

### IRS Maximum

- IRS Maximum is $3,050

### Multiply time # pay periods

- 12 Monthly
- 24 Biweekly

### Your Annual Deduction

- Your Annual Deduction: $__________.00

### IRS Maximum

- IRS Maximum is $5,000 (File Separate $2,500)
DEPENDENTS

Continue with same dependents: _____ yes  _____ no  _____ Not Applicable

List Dependent(s) to be covered: _____________________________________________
________________________________________________________________________

If dropping a dependent(s), indicate names:  ___________________________________
________________________________________________________________________

Complete the following for new dependent(s):

<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>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>

Optional: During Open Enrollment, you can Initiate a Change or do Nothing to Continue.
For additional information and Enrollment forms, please visit the HR Benefits Open Enrollment website.

**Life Insurance**
**UNUM**

A paper enrollment:
- Elect, increase, decrease or terminate your Term Life Insurance and/or Dependent Life Insurance (spouse and/or child(ren))
- Designate or change beneficiary for Basic Life Insurance and if applicable, Supplemental Term Life Insurance

**Short Term Disability**
**UNUM**

A paper enrollment: During Open Enrollment, you can enroll or drop coverage.