



## 2026 HUMAN RESOURCES BENEFITS ENROLLMENT FORM

SECTION 1: EMPLOYEE INFORMATION							
LAST NAME, FIRST, MI.			SOCIAL SECURITY NUMBER		DATE OF BIRTH		
STREET ADDRESS			DATE OF HIRE		MARITAL STATUS		
CITY		STATE		ZIP CODE		GENDER	
EMAIL ADDRESS				PHONE NUMBER			
AGENCY NAME			UNION NAME (IF APPLICABLE)			EMPLOYEE NUMBER	
SECTION 2: BENEFITS ENROLLMENT							
CHECK BOX BELOW	MEDICAL PLAN OPTIONS		CHECK BOX BELOW	DENTAL PLAN OPTIONS			
	EMPLOYEE ONLY			EMPLOYEE ONLY			
	FAMILY			FAMILY			
	WAIVE COVERAGE (NO MEDICAL PLAN)			WAIVE COVERAGE (NO DENTAL PLAN)			
CHECK BOX BELOW	MEDICAL PLANS		CHECK BOX BELOW	DENTAL PLANS			
	METROHEALTH HIGH DEDUCTIBLE PLAN			AFSCME CARE PLAN (AFSCME EMPLOYEES ONLY)			
	SKYWAY PLAN (formerly MetroHealth Select)			DELTA DENTAL PLAN			
	MEDICAL MUTUAL SUPERMED EPO PLAN						
	MEDICAL MUTUAL SUPERMED PPO PLAN						
CHECK BOX BELOW	VISION PLAN OPTIONS		ENTER ANNUAL DOLLAR AMOUNT BELOW	FLEXIBLE SPENDING ACCOUNTS			
	EMPLOYEE ONLY			MEDICAL FLEXIBLE SPENDING ACCOUNT			
	FAMILY			DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT			
	WAIVE COVERAGE (NO VISION PLAN)						
CHECK BOX BELOW	VISION PLAN		CHECK BOX BELOW IF WAIVING FSA	WAIVE FLEXIBLE SPENDING ACCOUNT(S)			
	AFSCME CARE PLAN (AFSCME EMPLOYEES ONLY)			WAIVE MEDICAL FSA (NO MEDICAL FSA)			
	METLIFE VISION PLAN			WAIVE DEPENDENT CARE FSA (NO DEPENDENT CARE FSA)			
SUPPLEMENTAL GROUP TERM LIFE INSURANCE - PLEASE ENTER THE SUPPLEMENTAL LIFE INSURANCE COVERAGE AMOUNT YOU WANT TO ELECT IN A \$10,000 INCREMENT UP TO \$500,000 MAXIMUM UNLESS YOU ARE IN UNIONS 27, 1746, OR 2927 SKIP TO AFSCME LIFE INSURANCE SECTION.							
ENTER COVERAGE AMOUNT							
THE COUNTY PROVIDES DEPENDENT LIFE INSURANCE - \$1,000 SPOUSE/\$500 UNMARRIED DEPENDENT CHILD(REN) UNDER AGE 26. PLEASE ANSWER THE QUESTION BELOW UNLESS YOU ARE IN UNIONS 27, 1746 OR 2927 THEN SKIP TO NEXT SECTION.							
DO YOU HAVE A LEGAL SPOUSE? (CIRCLE YES OR NO TO THE RIGHT)		YES	NO	DO YOU HAVE UNMARRIED DEPENDENT CHILD(REN) AGE 26 AND UNDER? (CIRCLE YES OR NO TO THE RIGHT)		YES	NO

