



DANIEL HARRIGAN, MAYOR

Employee Benefits Division

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2021 City of Akron

Employee Benefits Enrollment/Change Form

EVENT TYPE: NEW ENROLLMENT ADDITIONS CHANGES DELETIONS

Employee Last Name:			<i>First</i>	<i>Middle</i>	Date of Birth:
Home Address:			<i>Street</i>	<i>City</i>	<i>State</i>
Home Phone:	Employee SSN:		Gender:		Marital Status:
			<input type="checkbox"/> Female <input type="checkbox"/> Male		<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed
Email Address:			Employee ID#:		Effective Date:

Benefit Election (You must check a box below for each benefit.) *Dependent eligibility documentation required for new dependents.*

Medical Benefit: Single Coverage \$60 per month Family Coverage \$120 per month Waive Benefit

Dental Benefit: Single Coverage Family Coverage Waive Benefit

Vision Benefit: Single Coverage Family Coverage Waive Benefit

Health Care Flexible Spending Account - (Annual Limit \$2,750)

I elect to contribute \$ _____ Per Year Waive Benefit

Dependent Care Flexible Spending Account - (Annual Limit \$5,000)

I elect to contribute \$ _____ Per Year Waive Benefit

Eligible Dependents (You must complete the section below for all additions/deletions to the benefit programs. Additional documentation may be required. List additional dependents on a separate sheet and attach to this form.)

Last Name	First Name	MI	SSN	Relationship	Date of Birth	Gender M/F	Action
				Spouse			<input type="checkbox"/> Add <input type="checkbox"/> Remove
							<input type="checkbox"/> Add <input type="checkbox"/> Remove
							<input type="checkbox"/> Add <input type="checkbox"/> Remove
							<input type="checkbox"/> Add <input type="checkbox"/> Remove
							<input type="checkbox"/> Add <input type="checkbox"/> Remove

Authorizations and Acknowledgements

I understand that by signing this form, I am making a binding election for my benefits. I also understand if I elect pre-tax deductions for my benefit elections, I cannot change my elections during the plan year unless I have a change in my personal situation that would, under federal law, permit modification of my elections. I authorize my employer to deduct from my pay for said coverage. I understand I must notify the City of Akron within 31 days of any and all changes in marital status or the eligibility status of covered dependents. Failure to timely notify the Employee Benefits Office of status changes may result in delays in the payment of medical bills or in the overpayment of benefits. Any overpayment of benefits due to the employee's failure to promptly report eligibility status changes will be subject to repayment by the employee and may result in disciplinary action up to and including discharge. I authorize any medical professional, hospital, clinic or other medical or medically related facility, government agency, or other person to provide to the carrier information including copies of record concerning advice, care or treatment provided to me and/or my dependents including, without limitation, information relating to mental illness or use of drugs or alcohol. I understand that the kind of coverage for which I am making application contains coordination of benefits, workers' compensation and subrogation provisions and acknowledge the carriers right to enforce these provisions. I have read the above statement and represent that the information provided is true and complete to the best of my knowledge.

If I have elected to waive any benefit coverage, I acknowledge that I was offered coverage and am voluntarily waiving coverage. I understand that I may not enroll myself or my eligible dependents at any time during the year unless I experience a qualifying life event, and I understand I must enroll within 31 days of the qualifying event.

Employee Signature _____ Date _____

Dependent Eligibility Definitions & Required Documentation

Definition of An Eligible Dependent

Eligible Spouse: Your lawful spouse

Eligible Children age 25 or younger: Your child younger than age 26. A child is defined as the employee's natural child, stepchild, adopted child, or child for whom the employee has legal guardianship or is in the employee's legal custody.

Disabled older age child: Your dependent child who is certified as disabled prior to reaching age 26 as long as medically certified as "disabled" every two years by the health plan who is primarily supported by you and incapable of self-sustaining employment by reason of mental or physical disability. A child is defined as the employee's unmarried natural child, stepchild, adopted child, or child for whom the employee has legal guardianship or is in the employee's legal custody, who meets the definition of a dependent child under the Federal Internal Revenue Code regulations.

Dependent Eligibility Document Requirements

Relationship	Documents #1		Document #2
Spouse	Marriage Certificate	AND	One form of documentation establishing current marital status such as jointly filed federal tax return, joint mortgage/lease, joint bank or credit account, insurance policy dates within the past 6 months.
Employee's Dependent child (age 25 or younger)	Birth certificate or adoption decree naming the employee or employee's legal spouse as the parent OR copy of court order naming the employee as the child's legal guardian or custodian		
Disabled child (age 25 or older)	Birth certificate or adoption decree naming the employee or employee's legal spouse as the parent OR copy of court order naming the employee as the child's legal guardian or custodian	AND	Completed "Request to Extend Limiting Abuse for Dependent Child"

Required documentation for qualifying events (must be submitted within 31 days of the event) which include but are not limited to:

Marriage – marriage certificate and one form of documentation establishing marital status such as jointly filed federal tax return, joint mortgage/lease, joint bank or credit account, insurance policy dated within the past 6 months

Divorce – divorce decree and separation agreement (if applicable)

Birth/Adoption – birth certificate or adoption/legal agreement

Death of Spouse or Dependent – certified death certificate

Loss of Other Coverage –

Spouse – marriage certificate, one form of documentation establishing current marital status such as jointly filed tax return, joint mortgage/lease, joint bank or credit card account, insurance policy dated within the past 6 months and documentation from other employer or insurance establishing proof of loss and effective date.

Dependent – birth certificate and documentation from other employer or insurance carrier establishing proof of loss and effective date

Obtaining Other Coverage – documentation from the other employer or insurance carrier establishing proof of coverage and effective date.

*Photocopy of documents above will be accepted