



Enrollment Worksheet

Use this worksheet to organize your elections before enrolling on FlexOnline.

✓ BENEFIT PLAN	DEPENDENTS COVERED ON PLAN & INFO	AMOUNT
<input type="checkbox"/> MEDICAL PLAN <input type="checkbox"/> OAP <input type="checkbox"/> CCF with HRA <input type="checkbox"/> HDHP with HRA <input type="checkbox"/> HDHP with HSA	_____ Spouse _____ Child _____ Child _____ Child	(Per pay period cost) \$
<input type="checkbox"/> HRA (Dartmouth)	Automatic Dartmouth contribution with CCF and HDHP with HRA medical plan options.	(Dartmouth Contribution) \$
<input type="checkbox"/> HSA (Dartmouth)	Automatic Dartmouth contribution with HDHP with HSA medical plan.	(Dartmouth Contribution) \$
<input type="checkbox"/> HSA (Employee)	Dartmouth contribution must be included as part of the IRS annual limit.	(Annual Contribution) \$
<input type="checkbox"/> HEALTH CARE FSA (Dartmouth)	If eligible, Dartmouth contribution is automatic and is in addition to IRS annual limit.	(Dartmouth Contribution) \$
<input type="checkbox"/> HEALTH CARE FSA OR LPFSA (Employee)	Limit: \$3,200/year (subject to change per IRS guidelines).	(Annual Contribution) \$
<input type="checkbox"/> DEPENDENT CARE FSA (Employee)	Limit: \$5,000/year per household. Subsidy counts toward household limit.	(Annual Contribution) \$
<input type="checkbox"/> CHILD CARE SUBSIDY (Dartmouth)	Dartmouth couples receive one subsidy.	(Dartmouth Contribution) \$
<input type="checkbox"/> DENTAL PLAN <input type="checkbox"/> High Plan <input type="checkbox"/> Low Plan	_____ Spouse _____ Child _____ Child _____ Child	(Per pay period cost) \$
<input type="checkbox"/> VISION PLAN	_____ Spouse _____ Child _____ Child	(Per pay period cost) \$
<input type="checkbox"/> SUPPLEMENTAL LIFE <input type="checkbox"/> 1X <input type="checkbox"/> 2X <input type="checkbox"/> 2.5X <input type="checkbox"/> 3X <input type="checkbox"/> 4X <input type="checkbox"/> 5X <input type="checkbox"/> 6X <input type="checkbox"/> 7X <input type="checkbox"/> 8X	Options 1X – 2.5X annual salary offer guaranteed coverage for new hires. All other enrollments require the completion of a Statement of Health.	(Annual Contribution) \$
<input type="checkbox"/> DEPENDENT LIFE <input type="checkbox"/> Spouse Only <input type="checkbox"/> Child(ren) Only <input type="checkbox"/> Family	Dartmouth couples cannot cover each other and only one may cover the children.	(Per pay period cost) \$
<input type="checkbox"/> LONG TERM DISABILITY <input type="checkbox"/> 50% of Pay <input type="checkbox"/> 60% of Pay <input type="checkbox"/> 70% of Pay	There is no cost for 50% of pay but there is a cost for 60% and 70% of pay.	(Per pay period cost) \$
<input type="checkbox"/> VOLUNTARY BENEFITS <input type="checkbox"/> Hospital Care <input type="checkbox"/> Accidental Injury <input type="checkbox"/> Critical Illness	Employee-paid, optional coverage, with guaranteed issue. _____ Spouse _____ Child _____ Child	(Per pay period cost) \$
<input type="checkbox"/> WELLNESS <input type="checkbox"/> Pulse Program <input type="checkbox"/> Lifestyle Spending Account <input type="checkbox"/> Alumni Gym	There is no cost for this benefit, but you will want to elect the option that works best for you. These benefits are considered taxable income; applicable taxes will be withheld from your paycheck.	NO COST