**Employee Enrollment Form**

**Plan Year 2018**  
**July 1, 2017 - June 30, 2018**

**State of West Virginia**  
**Mountaineer Flexible Benefits**

**Instructions**

1. **During Open Enrollment Return Completed Form to Your Benefits Coordinator No Later Than May 15, 2017.**

2. **Who Needs to Complete an Enrollment Form?**
   - New participants who want to select coverage for the first time.
   - Employees who want to add, change or cancel coverage of other benefits.

3. **Existing Benefits Not Indicated on This Form Will Continue As Currently Enrolled.**

4. **How to Enroll in the Mountaineer Flexible Benefits Plan:**
   - **Important:** If you want to add, change or cancel coverage, you must check the box beside the appropriate benefit in Section 3. Indicate coverage levels and any other pertinent information.
   - If you select family coverage for any benefit, you must provide dependent information in Section 4.

5. **Change in Status:**
   - Include supporting documentation.
   - Must be requested within the month of and two months following your status changing event.
   - List all dependents you want covered.

6. **If you Enroll in a Health Savings Account, You Cannot Enroll in a Health Care Flexible Spending Account, but may Enroll in a Limited Health Care Spending Account.**

7. **Use an Additional Sheet of Paper as Needed for Additional Dependents.**

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**Dependent Information**

**Select Your HSA Coverage Type:**

- **Employee Only**
- **Employee & Family**
- **Employee & Spouse**
- **Employee & Children**

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- **Employee Only**
- **Employee & Family**
- **Employee & Spouse**
- **Employee & Children**

**Benefit Coordinator Signature:**

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**Dependent Name**

- **Relationship:**
  - **Male/Female**
  - **Social Security #**

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**HSA**

- **Must be enrolled in HSA Plan.**

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**Limited Health Care FSA**

- **Cost Per Pay Period**

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**Total Salary Deduction Amount Per Pay Period**

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**For Benefits Coordinator Use Only**

- **Complete in Full**

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**Employee Signature**

- **Date Signed**
- **Time Signed**