

2017 Open Enrollment Checklist

MEDICAL

- Did you waive medical coverage? If yes, did you select the correct waiver option on the waiver page?
- If electing coverage, are all of your desired dependents listed under your medical plan? If you added any new dependents, did you submit supporting documentation via the upload tool in eBenefits?

DENTAL/VISION

- If electing coverage, are all of your desired dependents listed under your dental and/or vision plan? If you added any new dependents, did you submit supporting documentation via the upload tool in eBenefits?

CRITICAL ILLNESS

- If electing coverage, are all of your desired dependents listed under your Critical Illness plan? If you added any new dependents, did you submit supporting documentation via the upload tool in eBenefits?

LIFE INSURANCE /AD&D

- Did you list all desired beneficiaries and the allocated percentage for each?

SUPPLEMENTAL LIFE INSURANCE /SUPPLEMENTAL AD&D

- Did you list all desired beneficiaries and the allocated percentage for each? If electing for the first time or increasing your coverage, expect a Statement of Health to be mailed to you by MetLife.

SHORT- TERM & LONG-TERM DISABILITY

- Electing either of these plans will provide income supplement if you are unable to work due to a disability. You need to exhaust your **VACATION** balances prior to utilizing the benefit.

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SPENDING ACCOUNTS

Flexible Spending Account – Health Care

- Electing an amount in this plan means you want to contribute money **OUT OF POCKET**. Do not allocate excess Flex Credits here. **Only** select this option if you want to contribute out of pocket money.

Flex Spending Account – Dependent Care

- If elected, did you specify the Annual Pledge amount? NOTE: You **MUST** specify the annual pledge amount to have a Dependent Care Flex Spending account.

Health Savings Account

- If elected, did you specify the Annual Pledge amount? You **MUST** be enrolled in a High Deductible medical plan in order to enroll in a Health Savings Account.