FRINGE BENEFITS ELECTION SUMMARY:

Employee’s Name ____________________________    Hire Date: ________________________

Health Plan:  □ No    □ Yes,  If Yes, Which Plan?

□ PPO    (Now called Open Access POS)
□ High Deductible (HDHP)    (Now called HSA Open Access POS)
□ Single □ E+Child □ E+Spouse □ Family    Effective Date: _________________________ (Pre-Taxed)

Do you use tobacco products?    □ No □ Yes  □ =  ($50 per month tobacco surcharge)
Do any covered dependents over the age of 18 use tobacco products?    □ No □ Yes  □ =  ($50 per month tobacco surcharge)

Flexible Spending Account:    □ No    □ Yes □ Medical = PPO Health Plan □ Dependent Care (Pre-Taxed)
$_________ Pay Period $_________ Annual Deduction    Effective: _________________________

Health Savings Account (For Employees Enrolled In HDHP)    □ No □ Yes  (Pre-Taxed)
$_________ Pay Period $_________ Annual Deduction    Effective: _________________________ (Pre-Taxed)

Limited Purpose Flexible Spending Account □ No □ Yes (Pre-Taxed)
$_________ Pay Period $_________ Annual Deduction    Effective: _________________________

Dental Plan: □ No    □ Yes,  If Yes, Which Plan: Base Plan □ High Plan □
□ Single □ E+Child(ren) □ E+Spouse □ Family    Eff. Date: _______________ (Pre-Taxed)

Vision Care: □ No □ Yes    Effective Date: _________________________ (Pre-Taxed)
□ Employee □ Employee + Spouse □ Employee +Child(ren) □ Family

Basic Life & AD&D: □ Yes = $25,000 (GSW Pays)    Effective Date: _______________

Supplemental Life: □ No □ Yes □ 1x Salary □ 2x Salary □ 3x Salary □ 4x Salary □ 5x Salary
□ 6x Salary □ 7x Salary □ 8x Salary    (Not Pre-Taxed)
Effective Date ______________________

Dependent Life: □ No □ Yes    Effective Date: _______________________
□ $5,000 □ $10,000 □ $15,000    (Not Pre-Taxed)

Spouse Life □ No □ Yes    Effective Date: _______________________
Amount Of Spouse Life: $______________    (Not Pre-Taxed)
Supplemental AD&D  □No  □Yes  Effective Date __________________
Amount Of Supplemental AD&D: $_________________ (Not Pre-Taxed)

Long Term Disability Insurance:  □ No  □ Yes  Effective Date: __________ Deduction Begin Date ________
(Not Pre-Taxed)

Short Term Disability Insurance:  No □  Yes □  Effective: ___________ Deduction Begin Date ________
(Not Pre-Taxed)

Retirement Plan:  Effective Date: _______________  Deduction Begin Date: _______________  (Pre-Taxed)
  □  TRS  (Teachers Retirement System)  (Available for non-exempt or exempt employees)
  □  ORP:  □ FIDELITY  □ TIAA-CREF  □ VALIC
(Only available for exempt employees)

Direct Deposit:   □ Yes   (Complete Direct Deposit Form & attach voided check)
(Per Board of Regents regulations, employee direct deposit is mandatory)

AFLAC Insurance:  □ No  □ Yes   If Yes, please select: □ Cancer Care  □ Intensive Care  (Not Pre-Taxed)
Effective Date _______________  Deduction Begin Date _______________

Hyatt Legal Plan: MetLaw  □ No  □ Yes

DOCO Credit Union: □ No  □ Yes   Amt. $______/pay period  Deduction Begin Date ________

Tax Sheltered Retirement Annuities = 403(b) Plan or 457 Plan:
□ No  □ Yes = Pre-Taxed: $_________ Amount/per pay period  Deduction Begin Date ______________

403(b) Plan:
  □ TIAA-CREF  □ VALIC

457 Plan:
  □ TIAA-CREF  □ VALIC

GA Section 529 Higher Education Savings Plan  □ No  □ Yes  $_________ Amount/per pay period
Deduction Begin Date ______________  Vendor: TIAA-CREF

This is to acknowledge that I have read, understand, and approve the above Benefits Elections made today. I also understand that open enrollment for new employee benefits is only during the first 30 days of employment and that some of the benefit elections contained in this Summary may not be available later, unless approved by the Board of Regents, Georgia Southwestern State University, and/or the appropriate vendor(s).

________________________________ / ____________  ______________________________ / _____________
Human Resources Office        Date      Employee’s Signature                        Date

(Rev. 2/2014 – File Name: Word: Fringe Benefits Election Form Revision 2014)