

## EMPLOYEE INFORMATION FORM FOR BENEFITS 2025

*If you're submitting this electronically, be sure to first save a copy using your name.*

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Employee Name: Last, First, Middle      Sex (M/F)      Social Security Number      Date of Birth (mm/dd/yyyy)

**Health Insurance Plans:**

**Highmark BCBS Health Choice 2000 - Copay Plan**  
Per- Pay Employee Payroll Contribution Rates

Employee	& Spouse	& Child(ren)	& Family
83.99	196.15	152.36	261.37

**Highmark BCBS Health Saver - HSA Plan**  
Per- Pay Employee Payroll Contribution Rates

Employee	& Spouse	& Child(ren)	& Family
64.35	148.49	115.64	197.41

**Dental and Vision Plans:**

**Cigna Dental Premier Plus PPO**  
Per- Pay Employee Payroll Contribution Rates

Employee	& Spouse	& Child(ren)	& Family
13.28	27.88	33.81	49.51

**Cigna Dental Choice Plus PPO**  
Per- Pay Employee Payroll Contribution Rates

Employee	& Spouse	& Child(ren)	& Family
8.71	18.75	22.39	33.52

**Cigna DHMO (Indicate participating Dentist below\*\*)**  
Per- Pay Employee Payroll Contribution Rates

Employee	& Spouse	& Child(ren)	& Family
7.36	12.45	17.38	20.45

**VSP Vision Care**  
Per- Pay Employee Payroll Contribution Rates

Employee	& Spouse	& Child(ren)	& Family
4.00	6.84	7.24	10.87

**Dentist:**

\*\*

Waive Coverage:

**Medical**

**Dental**

**Vision**

**Other Elections:**

I would like a Flexible Spending Account for medical or dependent care:       YES       NO

I would like to participate in Cairn's 403(b) Retirement Plan\*:       YES       NO

*\*Please complete additional paperwork in HR*

**Please list all dependents (including spouse) with all the information requested:**

Full Name	Sex (M/F)	Spouse/Child	SS#	DOB	Med (Y/N)	Dent (Y/N)	Vis (Y/N)

Cairn University automatically provides, at no cost to you, Employee Term Life and AD&D worth 1.5x your annual salary. Cairn also provides a Long-Term Disability plan based on your monthly salary. See your Benefits Summary for more information.

Below are optional, additional term life and accident policies you can choose to purchase within 30 days of hire, which will be biweekly payroll deductions. See page 6-7 of the Cairn Employee Benefits Booklet for further information and age calculation charts. \*\*\*Per pay formula: Rate on chart x 12 ÷ 26

- Optional spouse term life insurance for \$15,000.  
Depends on age, see chart. Deduction: \_\_\_\_\_
- Optional child term life insurance for \$10,000 ages birth to 26.  
Collectively covers all listed children in your family for one price.  
\$0.35 per pay Deduction: \_\_\_\_\_ .35
- Optional employee term life insurance for up to \$50,000.  
Depends on age, see chart. Deduction: \_\_\_\_\_
- Optional employee supplemental AD&D, \$25,000 increments to \$500,000.  
\$0.29 per \$25,000 per pay Deduction: \_\_\_\_\_
- Optional spouse supplemental AD&D, 50% of employee coverage amount.  
\$0.29 per \$25,000 per pay Deduction: \_\_\_\_\_

Larger policies require an extensive medical underwriting process. Please request the paperwork from HR:

- Optional employee term life insurance up to \$750,000, requires medical underwriting
- Optional Spouse term life plan up to \$250,000, requires medical underwriting

Please provide all dependent information on Page One of this form, including ages and birthdates.

To my knowledge, all of the information on this form is correct and represents my benefits elections for 2024.  
Cairn University is not responsible for incorrect information I may inadvertently provide.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Effective Date of Elections



