



CITY OF MESA
BENEFIT ENROLLMENT/CHANGE FORM

Employer Section Information

Form section for Employer Information including checkboxes for New Hire, Adding/Dropping Dependents, Full/Part Time, and Retiree, along with fields for Benefits Effective Date and Date of Hire.

Member Information

Form section for Member Information including fields for Last Name, First Name, MI, Employee ID#, Street, City, State, Zip Code, Date of Birth, Home Phone #, Work Phone #, Gender, and SSN #.

Medical/Prescription Drug Coverage Election (Choose One)

Form section for Medical/Prescription Drug Coverage Election with checkboxes for Basic Medical Plan, Copay Medical Plan, Choice Medical Plan, and Opt Out, and Coverage options for Member Only and Member & Family.

Dental Coverage Election (Choose One)

Form section for Dental Coverage Election with checkboxes for Preventive Choice, Dental Choice, Dental Choice Plus, and Opt Out, and Coverage options for Member Only and Member & Family.

Vision Coverage Election (Choose One)

Form section for Vision Coverage Election with checkboxes for Basic Vision and Vision Plus, and Coverage options for Member Only and Member & Family.

Supplemental Life Insurance Coverage Election

Guarantee Issue Amounts (GI) are for new hires and newly enrolled Spouse's/Committed Partners. Amounts above Guarantee Issue require Evidence of Insurability)

Form section for Supplemental Life Insurance Coverage Election with checkboxes for Enroll/Decline and Coverage Election options (Employee, Spouse/Partner, Child), and Coverage Amount options.

Voluntary Short Term Disability (Full Time Employees Only)

Form section for Voluntary Short Term Disability with checkboxes for Enroll/Decline and Plan Election options (07, 29, 44 Day Elimination Period).

Flexible Spending Account Coverage Election

Form section for Flexible Spending Account Coverage Election with checkboxes for Enroll/Decline and Coverage Election options for Medical and Dependent Care reimbursement accounts.

Dependent Information

Table with 7 columns: Relationship, Gender, Last, First, MI, DOB (MM/DD/YYYY), SSN. Rows include Spouse/CP and multiple Child entries.

Agreement and Signature

DOCUMENTATION IS REQUIRED IN ORDER FOR COVERAGE TO BE ACTIVATED OR DEACTIVATED (qualifying events must be submitted within 31 days): Spouse: Marriage Certificate; All Children: Birth Certificate(s). Stepchildren, Adoption, Legal, Foster: Divorce Decree indicating parental responsibility for insurance or adoption/legal guardian/foster paperwork. Newborns: Proof of birth from the hospital.

Form section for Agreement and Signature with fields for Signature and Date.

For Office Use Only

Form section for Office Use Only including fields for Processed By, Date, and Notes (HRM, Letter, RD).