



Mississippi Department of Mental Health

Benefit Enrollment and Change Payroll Authorization Form

Benefit Eligibility: 1st of the month following date of hire

Action Type: New Hire Enrollment
 Change Coverage***
 Terminate Coverage*** If term. due to leaving MDMH, are you going to work for another Agency?
 Demographic/Name Change/Salary Change***
 Open Enrollment (Nov - Dec Annually)

*** Requires Reason for Change - List Below:

Effective Date: First Name: Middle Name: Last Name:

Call by Name: Social Security #: Birth Date: Gender:

Address, City, State, Zip:

Home Phone: Cell Phone: Email:

Job Title: Department:

Hire Date: Annual Salary: Physical Location:

Mark the box of deduction(s) requiring action, Select Coverage Type, Indicate the rate of the deduction and Mark Cafeteria Election Choice.

Insurance Type & Action
W=Waive A=Add C=Change
T=Terminate N=No Change

Coverage Type
EE=Employee Only ES=Employee Spouse
EC=Employee Child EN=Employee Children
EF=Employee Family

Rate/Amount
Employee Type: Legacy or Horizon
Legacy=Hired by any State Agency prior to 01/01/2006
Horizon=Hired by any State Agency on or after 01/01/2006

Election for Pre-Tax Cafeteria
(See Note Below)

Action	Insurance Type & Action	Coverage Type	Rate/Amount	Election for Pre-Tax Cafeteria
	State Health Insurance			<input style="width: 100%; height: 20px;" type="text"/>
	State Life Insurance			<input style="width: 100%; height: 20px;" type="text"/>
	Metlife Dental			<input style="width: 100%; height: 20px;" type="text"/>
	OneAmerica - Short Term Disability			Not Eligible
	MetLife - Long Term Disability			Not Eligible
	MetLife - Vol Grp Term Life			Not Eligible
	Prosperity Accident			Not Eligible
	Loyal Cancer			Not Eligible
	Prosperity Critical Illness			Not Eligible
	Superior Vision			<input style="width: 100%; height: 20px;" type="text"/>
	Trustmark Universal Life w/LTC			Not Eligible
	FME-Med Reim/Flex Spending \$2,850 annual limit- \$237.50 monthly limit	Plan year January - December - Base number of deductions on month enrolled for Medical Reimbursement and Child Care.		<input style="width: 100%; height: 20px;" type="text"/>
	FME-Dependent Child Care \$5,000 annual limit - \$416.66 monthly limit			<input style="width: 100%; height: 20px;" type="text"/>

InfoArmor ID Theft
Perm Life – move to direct bill through CHUBB

Other: These coverages may only be terminated. No additions or changes may be made to these policies. -- CHUBB

Employee Signature (print completed form sign, date & send to HR) Today's Date

NOTE: Employee's signature above indicates employee's understanding of information contained on this form as well as his/her authorization for actions marked on this form and the employee's understanding and agreement that Cafeteria Plan fringe benefits under Section 125 cannot be revoked or changed unless the revocation and new election are caused by qualifying event such as a change in family status, e.g. marriage, divorce, death of spouse/ child/other qualified dependent, birth/adoption of child, and terminations of employment of spouse.

T & S Office Use ONLY - Carrier Notification	E.S. Entered	FOR HR Office Use ONLY-Notification PR, Billing, Cafeteria, T&S					
Metlife Dental	_____	Sent and Entered by: _____		Distribution Date TASC	Distribution Date Accounting	SPAHRs Entry Date	ABRA Entry Date
OneAmerica- STD	_____	State Health Insurance					
MetLife - LTD	_____	State Life Insurance					
MetLife - Vol Grp Term Life	_____	Metlife Dental					
Prosperity - Accident	_____	OneAmerica- STD					
Loyal Cancer	_____	MetLife - LTD					
Prosperity Critical Illness	_____	MetLife - Vol Grp Term Life					
Superior Vision	_____	Prosperity Accident					
FME (Child Care Reimbursement)	_____	Loyal Cancer					
FME (Med Reimbursement)	_____	Prosperity Critical Illness					
TMK Universal Life with LTC	_____	Superior Vision					
		TASC (Child Care Reimbursement)					
		TASC (Med Reimbursement)					
		TMK Universal Life with LTC					

E.S.=Enrollment system; C.S.=Confirmation Statement