# OPEN ENROLLMENT CAREGIVER BENEFIT ELECTION FORM

**CAREGIVER NAME:**_____ **CAREGIVER #:**_____

**EMAIL ADDRESS:** _____ **PHONE #:** _____

**FOR DETAILED BENEFIT INFORMATION, RATES AND PLAN DOCUMENTS, PLEASE VISIT WWW.SPARROWBENEFITS.ORG IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE TOTAL REWARDS HOTLINE AT 517 364-5333 OR EMAIL BENEFITS@SPARROW.ORG.**

***ELECTIONS MUST BE COMPLETED AND SUBMITTED TO HR DURING ANNUAL OPEN ENROLLMENT PERIOD***

| ***MEDICAL INSURANCE*** | |
|---|---|
| *Please select the plan you would like to enroll in:*<br><br>☐Sparrow PPO Base Plan (not available to MNA PESCH/Home Care)<br>☐Sparrow PPO Plus Plan<br>☐Sparrow HSA Plan<br>☐ Health Savings Account – Caregiver Contribution (optional – must not exceed $5800/year or $6800/year if over 55)): Per Pay Period Contribution Requested:_____<br>☐Blue Cross Blue Shield Plan (not available to MAC)<br>☐Opt Out of Health (**must complete Health Opt Out portion below to confirm coverage from outside of Sparrow) | *Please select the coverage level you would like to enroll in:*<br><br>☐Caregiver Only<br>☐Caregiver and Spouse<br>☐Caregiver and Children<br>☐Family Coverage |
| **HEALTH INSURANCE OPT OUT **must be completed if electing Opt Out of Health option above****<br>*By opting out you authorize Sparrow HR to contact the employer listed below to confirm health insurance coverage.* | |
| Name of Health Plan: _____<br><br>Group #:_____<br><br>Contract/Member ID #: _____ | Subscriber Name:_____<br><br>Employer Name: _____<br><br>Employer Address: _____<br><br>Employer Contact #:_____ |
| **DENTAL INSURANCE** | |
| *Please select the plan you would like to enroll in:*<br><br>☐Delta Dental Base Plan<br>☐Delta Dental Buy Up Plan<br>☐Delta Dental EPO Plan (not available to MNA)<br>☐No Dental Insurance | *Please select the coverage level you would like to enroll in:*<br><br>☐Caregiver Only<br>☐Two person<br>☐Family |
| **VISION INSURANCE** | |
| *Please select the plan you would like to enroll in:*<br><br>☐ Base Plan<br>☐ Buy Up Plan<br>☐ No Vision Insurance | *Please select the coverage level you would like to enroll in:*<br><br>☐Caregiver Only<br>☐Two person<br>☐Family |

| MEDICAL FLEXIBLE SPENDING ACCOUNT (FSA) | DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (FSA) |
|---|---|
| *Please select the plan you would like to enroll in:*<br><br>☐ Medical Flexible Spending *(Please note not available if electing Sparrow HSA Plan)*<br><br>Annual Amount Requested: _____ | *Please select the plan you would like to enroll in:*<br><br>☐ Dependent Care Spending Account<br><br>Annual Amount Requested: _____ |

**DISABILITY & SUPPLAMENTAL LIFE INSURANCES**

*DETAILED BENEFIT ELIGIBILITY INFORMATION CONTAINED WITHIN THE BENEFITS IN BRIEF (BIB) PROVIDED TO YOU BY TALENT ACQUISITION. FOR PRICING AND ENROLLMENT FORMS, PLEASE SEE WWW.SPARROWBENEFITS.ORG OR ON THE HR INTRANET, BENEFITS PAGE UNDER BENEFIT FORMS*

**DEPENDENT INFORMATION ***Please provide Dependent Verification documentation if electing benefits for any dependents (ex. birth certificate, marriage license, adoption/guardianship paperwork)*****

| First Name Middle Initial Last name | Date of Birth | Social Security Number | Relationship | Coverage Elected (select all that apply) |
|---|---|---|---|---|
| | | | | ☐MEDICAL<br>☐DENTAL<br>☐VISION |
| | | | | ☐MEDICAL<br>☐DENTAL<br>☐VISION |
| | | | | ☐MEDICAL<br>☐DENTAL<br>☐VISION |
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| | | | | ☐MEDICAL<br>☐DENTAL<br>☐VISION |

_____ _____

Caregiver Signature Date

**WHEN COMPLETE PLEASE SUBMIT TO SPARROW HUMAN RESOURCES BY MAIL, EMAIL, FAX OR DROP OFF:**

**SPARROW HUMAN RESOURCES**

**1200 E MICHIGAN AVE, STE 235 LANSING MI 48912**

**FAX: 517-364-5872 EMAIL: BENEFITS@SPARROW.ORG**

**MUST BE SUBMITTED DURING SPECIFIED ANNUAL OPEN ENROLLMENT PERIOD**

*********HUMAN RESOURCES INTERNAL USE ONLY*********

| Group Name | Group Number | Sub Group Number | Class Number | Effective Date |
|---|---|---|---|---|
| | | | | |

| Qualifying Event Date | Qualifying Event Reason: | | | |
|---|---|---|---|---|
| | ☐New hire ☐Status Change<br>☒Other: Open Enrollment | ☐Full Time<br>☐Part Time | ☐Union<br>☐Non union | ☐Salaried<br>☐Hourly |