

# Mississippi Department of Revenue

## Benefit Enrollment and Change Payroll Authorization Form

Revised 01/2014

Action Type:  New Hire Enrollment  
 Change Coverage\*\*\*  
 Terminate Coverage\*\*\*  If term. due to leaving DOR, are you going to work for another Agency?  
 Demographic/Name Change/Salary Change\*\*\*  
 Open Enrollment (October 1-31 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:  E-mail:

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**  
Employee Only  
Employee Child  
Employee Family  
Employee Spouse  
Employee Children

**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            |
|--------------------------|---|--|-------------|---|
| <input type="checkbox"/> | State Health Insurance  |  |             | <input style="width: 100%;" type="text"/> |
| <input type="checkbox"/> | State Life Insurance  |  |             | <input style="width: 100%;" type="text"/> |
| <input type="checkbox"/> | Humana Dental   |  |             | <input style="width: 100%;" type="text"/> |
| <input type="checkbox"/> | CIGNA - Short Term Disability   |  |             | Not Eligible                              |
| <input type="checkbox"/> | CIGNA - Long Term Disability  |  |             | Not Eligible                              |
| <input type="checkbox"/> | Great American/Loyal Accident   |  |             | Not Eligible                              |
| <input type="checkbox"/> | Lincoln Term Life   |  |             | Not Eligible                              |
| <input type="checkbox"/> | Loyal Cancer  |  |             | Not Eligible                              |
| <input type="checkbox"/> | Loyal Critical Illness  |  |             | Not Eligible                              |
| <input type="checkbox"/> | Superior Vision   |  |             | <input style="width: 100%;" type="text"/> |
| <input type="checkbox"/> | Trustmark-Universal/LTC   |  |             | Not Eligible                              |
| <input type="checkbox"/> | Flex Made Easy -Flex Spending<br><small>\$2,500 annual limit- \$208.33 monthly limit</small>    | Plan year January - December - Base number of deductions on month enrolled for Medical Reimbursement and Child Care. |             | <input style="width: 100%;" type="text"/> |
| <input type="checkbox"/> | Flex Made Easy - Dependent Care<br><small>\$5,000 annual limit - \$416.66 monthly limit</small> |  |             | <input style="width: 100%;" type="text"/> |

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

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 |       |                                  |                              |                   |                 |
|--|------------------|---|-------|----------------------------------|------------------------------|-------------------|-----------------|
| Humana Dental                                | _____            | Sent and Entered by: _____                                      |       | Distribution Date Flex Made Easy | Distribution Date Accounting | SPAHRs Entry Date | ABRA Entry Date |
| Cigna - STD                                  | _____            | State Health Insurance  | _____ |                                  |                              |                   |                 |
| Cigna - LTD                                  | _____            | State Life Insurance  | _____ |                                  |                              |                   |                 |
| Great American - Accident                    | _____            | Humana Dental   | _____ |                                  |                              |                   |                 |
| Lincoln -Voluntary Life                      | _____            | Cigna - STD   | _____ |                                  |                              |                   |                 |
| Loyal Cancer                                 | _____            | Cigna - LTD   | _____ |                                  |                              |                   |                 |
| Loyal Critical Illness                       | _____            | Great American - Accident                                       | _____ |                                  |                              |                   |                 |
| Superior Vision                              | _____            | Lincoln -Voluntary Life   | _____ |                                  |                              |                   |                 |
| Flex Made Easy (Child Care Reimbursement)    | Enrolled by MDOR | Loyal Cancer  | _____ |                                  |                              |                   |                 |
| Flex Made Easy (Med Reimbursement)           | Enrolled by MDOR | Loyal Critical Illness  | _____ |                                  |                              |                   |                 |
| Trustmark                                    | _____            | Superior Vision   | _____ |                                  |                              |                   |                 |
|  |                  | Flex Made Easy (Dep Care Reim)                                  | _____ |                                  |                              |                   |                 |
|  |                  | Flex Made Easy Med Reim)  | _____ |                                  |                              |                   |                 |
|  |                  | Trustmark   | _____ |                                  |                              |                   |                 |

E.S.=Enrollment system; C.S.=Confirmation Statement; MDOR handles Flex Made Easy