



## 2026 Employee Benefit Election Form

Please make your selections below, sign, and return them to Rym.

Remember to refer to the 2026 Benefits Guide for payroll deduction premiums and benefits summaries to help you select the plan that is right for you.

**DUE DATE for submitting forms to Human Resources: Open Enrollment Due Date is 12/12/2025**  
**New Hires Due Date is 60 days from NH Date (medical is effective 60 days from NH date, Dental and vision is effective 1<sup>st</sup> of the month following 90 days of employment). For qualifying events, this form is due within 30 days of the qualifying event. Please complete the form if waiving as well.**

Employee Name: \_\_\_\_\_

### Benefit Elections

UHC Medical Plan (2 options)	Delta Dental Plan	Delta Vision Plan
<input type="checkbox"/> <b><u>Nexus ACO EKIJ C24 United Health Plan:</u></b> <ul style="list-style-type: none"> <li>• If spouse covered: Spousal Surcharge Form</li> <li>• If no spouse covered and no changes: no additional forms required</li> <li>• If changes: UHC Employee Enrollment Form &amp; EBC HRA Enrollment Form as well</li> </ul> <input type="checkbox"/> <b><u>Nexus ACO EKJA 371 United (HSA Eligible):</u></b> <ul style="list-style-type: none"> <li>• If spouse covered: Spousal Surcharge Form</li> <li>• If currently United Enrolled, HSA Enrollment Confirmation</li> <li>• If changes, UHC Employee Enrollment Form, HRA &amp; HSA Enrollment Forms as well</li> </ul>	<input type="checkbox"/> <u>Continue Current Coverage:</u>  <input type="checkbox"/> <u>Coverage Changes:</u> <ul style="list-style-type: none"> <li>• Delta Dental/Vision Enrollment Form</li> </ul> <input type="checkbox"/> <u>New Enrollee:</u> <ul style="list-style-type: none"> <li>• Delta Dental/Vision Enrollment Form</li> </ul>	<input type="checkbox"/> <u>Continue Current Coverage:</u>  <input type="checkbox"/> <u>Coverage Changes:</u> <ul style="list-style-type: none"> <li>• Delta Dental/Vision Enrollment Form</li> </ul> <input type="checkbox"/> <u>New Enrollee:</u> <ul style="list-style-type: none"> <li>• Delta Dental/Vision Enrollment Form</li> </ul>
<input type="checkbox"/> Employee Only  <input type="checkbox"/> Employee + Spouse  <input type="checkbox"/> Employee + Child(ren)  <input type="checkbox"/> Family	<input type="checkbox"/> Employee Only  <input type="checkbox"/> Employee + Spouse  <input type="checkbox"/> Employee + Child(ren)  <input type="checkbox"/> Family	<input type="checkbox"/> Employee Only  <input type="checkbox"/> Employee + Spouse  <input type="checkbox"/> Employee + Child(ren)  <input type="checkbox"/> Family
<input type="checkbox"/> Waive Coverage*	<input type="checkbox"/> Waive Coverage*	<input type="checkbox"/> Waive Coverage*



**\*Waive of Coverage :**

I understand that by waiving coverage at this time, I will not be allowed to participate unless I qualify at a special enrollment period or as a late enrollment, if applicable, or at the next open enrollment period.

I am declining coverage due to the existence of other coverage (Spouse's employer's plan, covered by Medicare, COBRA from Prior employer, Tri-Care, individual plan, Medicaid, VA eligible, I have no other coverage at this time, other):

Reason: \_\_\_\_\_

**Cafeteria Plan/Section 125:**

All continuing and new enrollees: These plans require that employees pay a portion of the premiums. To assist employees with these contributions, TLX Technologies will take the premium out of an employee's compensation before applying taxes. An employee's taxable wages for the Federal Insurance Contributions Act, federal withholding, and state withholding are then reduced.

**Effective Dates:**

I understand my elections are effective January 1, 2026, and will remain in place through December 31, 2026. I must have a qualifying event to make any changes to my elections prior to December 31, 2026.

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date: