

ENROLLMENT INSTRUCTIONS

ALL FORMS MUST BE RECEIVED BY JUNE 14, 2023

Medical, Dental & Vision Insurance:

1. Complete the "Aetna Enrollment Form 2023"
 - a. If you are unsure of your date of hire, you may leave it blank
 - b. Choose the coverages you would like to enroll in and choose the medical plan you will be choosing (check one medical plan only)

Aetna Enrollment Form		
New Enrollment	Aetna Coverages (check the coverages you want to enroll in)	Medical Plan Section (check 1 if enrolling in medical)
Date of Hire _____	<input type="checkbox"/> Medical <input type="checkbox"/> Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Child(ren) <input type="checkbox"/> Dental <input type="checkbox"/> Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Child(ren) <input type="checkbox"/> Vision <input type="checkbox"/> Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Child(ren)	<input type="checkbox"/> High Plan (\$1,500 /\$3,000) <input type="checkbox"/> Middle Plan (\$3,000/\$6,000) <input type="checkbox"/> Low Plan (\$5,000/\$10,000)

- c. Enter your information in the Employee Information section and Dependent information section (only if you would like to enroll dependents on your medical coverage)
- d. If you have other medical coverage, please note the name of the carrier and list dependent addresses if your dependents do not live at the same address as you
- e. Sign and date at the bottom of the form and send the form to:
benefits_us@staffing360solutions.com or you may fax your form to 203-502-8773 ATTN: BENEFITS DEPARTMENT
- f. Complete the "Payroll Authorization Form 2023" if you are electing Medical, Dental and/or vision and return it to benefits_us@staffing360solutions.com

Life, Disability, Accident, Specified Disease, Accident & Hospital Indemnity Insurance:

2. Complete the "Sun Life Enrollment Form"
 - a. Complete the Employee Information and Dependent Information sections
 - b. To elect which benefits you would like to enroll in, check "Elect"
 - c. If you are not interested in enrolling in one of the benefits, check "Refuse"
 - d. Add the amount of coverage you would like in the fields provided

Elect	Refuse	Coverage
<input type="checkbox"/>	<input type="checkbox"/>	Employee Voluntary Life \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Spouse Voluntary Life \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Child Voluntary Life \$ _____

- e. If you are electing Life Insurance, please complete section 5 "Beneficiary Designation Information" If you are choosing more than one beneficiary, please ensure that your percent share equals 100%
- f. Sign and date the form and return it to benefits_us@staffing360solutions.com