BENEFITS ENROLLMENT INFORMATION - FACULTY

Completed forms and dependent verification documents must be received by Human Resources not later than 31 days from your hire date. If forms are not received within this time frame or you do not waive coverage, you will be enrolled in individual coverage in the default medical and dental plans.

For Detailed Plan Information Please See BeneCenter

https://mybenesite.com
User: cheiba
Password: csmines

Required Forms

1. **Anthem Life Application for Group Insurance**-(Employer Paid Life Insurance)

2. **CHUBB Travel and Accident Insurance**-Federal Insurance Company (Travel and Accident Coverage) (Employer Paid)

Optional Forms

1. **Anthem CHEIBA Trust Medical/Dental/Vision Enrollment and Change Form**
   a. If you wish to enroll in medical, dental, and vision insurance please complete Sections 1, 3, 4 and 5 (if applicable) of this form. Sign and date. The HMO/POS, Blue Priority PPO and 2500 HDHP Plans do not require primary care provider referrals for primary or specialty care.
   b. Please Note: If you choose to enroll in the Blue Advantage HMO/POS, Blue Priority PPO or Blue Priority HMO plans Anthem requires that you designate a primary care provider for each enrollee. Providers can be located at:
      

      1. You may search for a PCP by Name or Location
      2. Select – “Find a doctor” from the top right menu.
      3. Scroll to the bottom and “Search as Guest by selecting a plan”
      4. Click on Continue
      5. Choose the type of care – “Medical”
      6. Choose the State
      7. Under Type of Plan – Choose Medical Networks
      8. Select the Plan/Network – for HMO/POS = HMO
         For Blue Priority PPO = Blue Priority PPO***
         For Blue Priority HMO = HMO
      9. Click “continue”
      10. Select who you are looking for (doctor/medical professional), their specialty (Family/GP/Internal Medicine), and where you want them to be located.
      11. Check “accepting new patients” and “able to serve as a PCP.
      12. Click on “search”.
      13. This will give you your PCP options.
      14. You must click on the PCP name and you will see their PCP ID half way down on the left column.

   *** If you are selecting the PPO plan, you must select a Tier I physician as your PCP. While you have the ability to see both Tier I and Tier II physicians, you MUST have a Tier I physician as your PCP.
d. Each member of your family may have a different primary care provider. You may change providers at any time by contacting Anthem.

If you would prefer that Anthem assign you a primary care provider indicate “assign” in the physician field

2. **Waiver Form** – If you choose to not enroll in either the medical or dental plans, you will need to ask for, and complete, a Waiver Form.

3. **Flexible Spending Account – Election/Change Form for CHEIBA Trust**
   a. Complete this form if you wish to enroll in Medical Flexible Spending or Dependent Flexible Spending Accounts.
   b. The annual maximum contribution for the Health Care Flexible Spending Account is $2750. The annual maximum contribution for the Dependent Care Flexible Spending Account is $5000 per family.
   c. Please Note: You are only enrolling through December 31 of the current year. Please adjust months of participation, plan year and monthly contributions accordingly. For instance if you were hired on September 15th and you would like to contribute $50 per month. Months of participation would be 4 (Sept-Dec), monthly contribution would be $50 and annual contribution would be $200.

4. **SunLife - Voluntary Life, Accidental Death & Dismemberment, Accident, Critical Illness insurances** - Additional Information and an application form for Sun Life voluntary insurances is available by contacting the Benefits Office. Rates are listed on the rate sheet included with your Benefits Book. Depending on the timing of your enrollment you may see back charges for premiums on your paycheck.

Note: If you are enrolling in Medical and Dental insurance and either you or any of your dependents does not have a Social Security Number you will need to complete the Member Social Security Number Exception Request Form for each enrollee without a Social Security Number. Please request this form from the Benefits Office.

**REMEMBER YOUR DEPENDENT VERIFICATION DOCUMENTS!**