



Human Resources

Select One: New Retiree Annual Enrollment Spouse of Deceased

Personal Information

Name WFU ID Date of Birth

Retiree Date Coverage Effective Date Home Phone

Address City State Zip

Medical and Rx Plan (Select Coverage)

The OneExchange (1X) premiums are not included in the rates listed below.

| | | |
|--|---|---|
| <input type="checkbox"/> U 1X - Retiree only direct billing | <input type="checkbox"/> BG 1X Ret/BCBS Child Low \$264.50 | <input type="checkbox"/> XX BCBSNC Low - Spouse only \$529.00 |
| <input type="checkbox"/> SU 1X - Spouse only direct billing | <input type="checkbox"/> BD 1X Ret/BCBS Sp&Children High \$1,217.02 | <input type="checkbox"/> AB Retiree & Spouse BCBS High \$1,312.57 |
| <input type="checkbox"/> 1U 1X Retiree & Spouse direct billing | <input type="checkbox"/> BE 1X Ret/BCBS Sp&Children Low \$1,058.00 | <input type="checkbox"/> AU Retiree & Spouse BCBS Low \$1,129.70 |
| <input type="checkbox"/> A 1X Retiree/BCBS Sp High \$608.51 | <input type="checkbox"/> BH 1X Ret/BCBS Children High \$608.51 | <input type="checkbox"/> B BCBS High Ret / 1X Spouse \$521.51 |
| <input type="checkbox"/> AA 1X Retiree/BCBS Sp Low \$529.00 | <input type="checkbox"/> BI 1X Ret/BCBS Children Low \$529.00 | <input type="checkbox"/> BA BCBS Low Ret / 1X Spouse \$442.00 |
| <input type="checkbox"/> BB 1X Ret/BCBS Sp&Child High \$912.76 | <input type="checkbox"/> XA BCBSNC High - Retiree only \$521.51 | Cancel/Waive - By choosing this election I cannot return to the Wake Forest plan at a later date |
| <input type="checkbox"/> BX 1X Ret/BCBS Sp&Child Low \$793.50 | <input type="checkbox"/> XR BCBSNC Low - Retiree only \$442.00 | |
| <input type="checkbox"/> BF 1X Ret/BCBS Child High \$304.25 | <input type="checkbox"/> XS BCBSNC High - Spouse only \$608.51 | |

Dental Plan Enrollment (Select Coverage)

| | | |
|---|--|---|
| <input type="checkbox"/> Retiree Only High Plan \$44.40 | <input type="checkbox"/> Family High Plan \$141.68 | <input type="checkbox"/> Ret & Children High Plan \$95.69 |
| <input type="checkbox"/> Retiree Only Low Plan \$24.19 | <input type="checkbox"/> Family Low Plan \$78.62 | <input type="checkbox"/> Ret & Children Low Plan \$54.91 |
| <input type="checkbox"/> Retiree & Spouse High Plan \$92.43 | <input type="checkbox"/> Ret & Child High Plan \$73.79 | Cancel/Waive - By choosing this election I cannot return to the Wake Forest plan at a later date |
| <input type="checkbox"/> Retiree & Spouse Low Plan \$51.05 | <input type="checkbox"/> Ret & Child Low Plan \$41.12 | |

Vision Plan Enrollment (Select Coverage)

| | | |
|---|---|---|
| <input type="checkbox"/> Retiree Only \$6.18 | <input type="checkbox"/> Spouse Only \$6.18 | Cancel/Waive - By choosing this election I cannot return to the Wake Forest plan at a later date |
| <input type="checkbox"/> Retiree & Spouse \$11.96 | <input type="checkbox"/> Family \$17.58 | |

E-mail Continuation (Select an Option)

I would like to continue my email address through Wake Forest University. Yes No

\$2,000 Death Benefit (Designate Beneficiary Below)

Name (Last, First, Middle Initial) SSN

Address City State Zip

Relationship Date of Birth Benefit %

*If designating more than one beneficiary please write on the back of this form.

Signature of Employee: _____ Date: _____