

Benefits Authorizations

Waive healthcare coverage:

_____ I do not want to enroll in Devereux healthcare coverage. I understand that once I make this election that only a qualified status change allows me a special enrollment period to elect benefits.

Health and Wellness Program (Applicable for New Hires and New Enrollees):

_____ I would like to participate in the Health and Wellness Program. I will check with my local People Operations department for more information about the program.

ACCEPT/AUTHORIZATION:

I authorize Devereux to act as my agent to send/receive information on my behalf, to make deductions from my salary for premiums or contributions, and if necessary to initiate entries to correct a previous error for the selected coverage(s) listed below for which I am eligible for under the Devereux Welfare Benefits Plan, Flexible Spending (Employee Benefits Corporation) or Health Savings Account (Optum). I certify that I am eligible to contribute to an HSA under Internal Revenue Code Section 223 and authorize the issuance of any benefit cards including debit cards. I acknowledge that I read and received the USA Patriot Act Notice: "To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, financial institutions will ask for your name, address, date of birth and other information will allow you to be identified including driver's license and other identifying documents." I instruct Devereux to provide my contact information to banks and insurers in order to receive benefit information, account statements, documentation and notices via email, automated text and/or phone. Message and data rates may apply to cell phone and I can opt-out.

Health Savings Account:

I authorize Devereux to reduce my annual base salary on a biweekly basis and deposit the amount in to my Optum Health Savings Account. This amount can be amended at any time by completing an updated Salary Reduction Agreement.

_____ Front load my account with the following per pay amount \$ _____ over _____ pay periods

_____ I will contribute _____ per pay

Catch up contribution for employees age 55 or older:

_____ I will contribute the following catch-up amount \$ _____ (up to \$1,000)

Employee Name: _____

(Please Print)

Date: _____

Employee Signature: _____