















2021 Benefits Enrollment Worksheet

As you review the eMag, use this worksheet to jot down some notes to help you keep track of your decisions before you enroll.

Plan	What I Want for 2021	Notes
Healthcare 	<input type="checkbox"/> MissionCare Plan (MCP) <input type="checkbox"/> Health Savings Plan (HSP) <input type="checkbox"/> No Coverage (pre-tax premium)	Who do I want to cover? (myself; + 1 child; + children; + spouse; family) What do I want to contribute to the HSA (if enrolled in HSP)? Do I want to contribute to the FSA (if enrolled in MCP)? If my spouse's employer offers coverage, it will cost \$100 more each pay period to be on my plan.
Accident 	<input type="checkbox"/> Coverage <input type="checkbox"/> No Coverage (after-tax premium)	Provides money to help pay for medical and out-of-pocket expenses that result from an accidental injury. Who do I want to cover? (myself; + children; + spouse; family)
Critical Illness Insurance 	<input type="checkbox"/> \$15,000 benefit <input type="checkbox"/> \$30,000 benefit <input type="checkbox"/> No Coverage (after-tax premium)	Provides a lump sum payment after diagnosis of a covered condition. Non-Tobacco & Tobacco User rates (applies to employee's status) Who do I want to cover? (myself; +children; +family)
Hospital Indemnity 	<input type="checkbox"/> Coverage <input type="checkbox"/> No Coverage (after-tax premium)	Provides coverage to help pay for hospitalization. Who do I want to cover? (myself; +child(ren); +spouse; +family)
Healthcare Spending Account 	<input type="checkbox"/> Election: _____ <input type="checkbox"/> No Coverage (pre-tax premium)	May not be used if you sign up for the HSP or are enrolled in another high deductible health plan. Must enroll each year.
Dental 	<input type="checkbox"/> Dental <input type="checkbox"/> No Coverage (pre-tax premium)	Who do I want to cover? (myself; + 1 child; + children; + spouse; family)
Vision 	<input type="checkbox"/> Vision <input type="checkbox"/> No Coverage (pre-tax premium)	Who do I want to cover? (myself; + 1 child or spouse; family)
Dependent Care Spending Account 	<input type="checkbox"/> Election: _____ <input type="checkbox"/> No Coverage (pre-tax premium)	Pay for eligible dependent care expenses by contributing to the Dependent Care FSA. (Not eligible if annual salary is more than \$120,000) Must enroll each year.
Life Insurance and Accidental Death & Dismemberment* 	<input type="checkbox"/> Additional 1 x pay <input type="checkbox"/> Additional 2 x pay <input type="checkbox"/> Additional 3 x pay <input type="checkbox"/> Additional 4 x pay (pre-tax premium)	Mission provides coverage for one times your base pay up to a maximum of \$600,000. You can purchase additional coverage in amounts of 1, 2, 3, 4 times your annual base pay up to a maximum of \$600,000.
Dependent Life* 	<input type="checkbox"/> \$30K Spouse <input type="checkbox"/> \$40K Spouse <input type="checkbox"/> \$50K Spouse (after-tax premium) <input type="checkbox"/> \$10K Child(ren) <input type="checkbox"/> \$5K Child(ren) (after-tax premium)	Life insurance coverage for your spouse and dependent children up to age 26.
Short-term Disability* 	<input type="checkbox"/> 40% Core (Mission provides) <input type="checkbox"/> 40% core + 10% (after-tax premium)	Consider purchasing 50% so that you are adequately covered in the event of an emergency.
Long-term Disability* 	<input type="checkbox"/> 40% Core (Mission provides) <input type="checkbox"/> 40% core + 10% (after-tax premium)	Consider purchasing 50% so that you are adequately covered in the event of an emergency.
Identity Theft 	<input type="checkbox"/> Employee only coverage <input type="checkbox"/> Employee/Dependent(s) coverage <input type="checkbox"/> No Coverage (after-tax premium)	Secure your identity with identity theft protection.
Pet Insurance 	<input type="checkbox"/> Pet Insurance <input type="checkbox"/> No Coverage (after-tax premium)	If you elect to enroll, you will receive an email with enrollment instructions.

*Note: Evidence of insurability (EOI) will be required for increases in coverage after initial enrollment. Supplemental Life greater than 1 X increase requires EOI. \$30K, \$40K & \$50K for spouse life coverage always requires EOI.