

Terms and Conditions of Online Open Enrollment

I understand that the elections, made during this online open enrollment, will remain in effect until the last day of the Plan Year (6/30/2023). I understand that I may change the above elections for a future Plan Year by completing a new Enrollment during a later annual election period. I understand that I may change my elections for coverage during a Plan Year only under limited conditions (as described in my Summary Plan Description). I understand that the cost of a benefit option may change from one Plan Year to the next and I agree that my payroll deductions will automatically change as applicable to any new completed Enrollment during the appropriate annual election period to change or terminate that coverage. I also understand that, if there is a change in the cost of a benefit option that I have elected, the Employer may automatically increase or decrease the amount of payroll deductions required to pay for that option. I understand that, except to the extent I am permitted to make an election change under the Plan, the payroll deduction elections I have elected will remain in effect despite any changes in the features offered under the benefit options I have elected. I understand that the Employer may modify my elections as needed to insure that the Plan satisfies the requirements of the Plan and applicable law and that the Employer retains the right to amend or terminate coverage under a benefit option. I understand that the Employer may modify my elections for certain benefit options if required to do so by a court order that requires me to provide health coverage for a dependent. If I am electing any coverage that provides for coverage for an individual as my spouse or dependent on a pre-tax basis, I understand that I am responsible for determining if he or she is eligible to be treated as my spouse or dependent for federal tax purposes. I certify that any person for whom I am electing such coverage meets the applicable requirements for spouse or dependent coverage and I agree to inform the Employer if that changes while this election is in effect. I understand that I will be responsible for reimbursing the Employer for the full cost of any benefits provided to an ineligible dependent.

I understand that by completing this online enrollment, I am agreeing to the above.