



## **Benefits Enrollment/Waiver Checklist**

**required form for all full-time and part-time employees and due to HR by Monday, November 28, 2022**

PRINT NAME \_\_\_\_\_

\_\_\_\_\_ I have reviewed my current benefits in UKG Kronos and I would like to **keep my benefits the same in 2023** as I had in 2022.

- I understand if I participate in the flex plan, I need to turn in a new EBC Flex Plan enrollment form for 2023.
- I understand if I have my spouse on my health insurance plan, I need to turn in a 2023 Adult Surcharge Questionnaire form.

\_\_\_\_\_ I have reviewed my current benefits in Kronos UKG and I would like to **change my benefits for 2023**.

- I understand I need to complete and turn in the benefit enrollment forms for the benefits I wish to make changes to for 2023.

I acknowledge I have received information related to the above benefits offered by Stoughton Health and my opportunity to enroll in or waive these benefits.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please return this completed Benefits Enrollment/Waiver Checklist and applicable insurance applications to Human Resources no later than Monday, November 28, 2022. All full-time and part-time employees are required to turn in this form to elect or waive your 2023 benefits.***