

2026-2027 Benefit Election Form



TO ENROLL FOR THE FIRST TIME OR MAKE CHANGES TO EXISTING COVERAGE:
 Complete the below enrollment form, sign and date.
 Return to Ryan Daniels by Friday, June 12th

Employee Name: _____ **Date of Birth:** _____ **Phone:** _____

Social Security #: _____ **Address:** _____

Email: _____

Medical	Dental		Vision
<input type="checkbox"/> Single <input type="checkbox"/> Family <input type="checkbox"/> I wish to cancel Medical coverage for 2026-2027	Basic Dental Plan <input type="checkbox"/> Single <input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Employee + Child(ren) <input type="checkbox"/> Family <input type="checkbox"/> I wish to cancel Dental coverage for 2026-2027	Buy-Up Dental Plan <input type="checkbox"/> Single <input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Employee + Child(ren) <input type="checkbox"/> Family	<input type="checkbox"/> Single <input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Employee + Child(ren) <input type="checkbox"/> Family <input type="checkbox"/> I wish to cancel Vision coverage for 2026-2027

Dependent Information					
	Coverage Elected	Name: (Last, First, M.I.)	Date of Birth: (M/D/Year)	Sex: (M/F)	Social Security Number:
Spouse	<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision			<input type="checkbox"/> Male <input type="checkbox"/> Female	
Child	<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision			<input type="checkbox"/> Male <input type="checkbox"/> Female	
Child	<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision			<input type="checkbox"/> Male <input type="checkbox"/> Female	
Child	<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision			<input type="checkbox"/> Male <input type="checkbox"/> Female	

Employee Payroll Deduction Authorization

I understand the pre-tax premium election(s) for these benefits will remain the same for the policy time period of July 1, 2026 – June 30, 2027 unless a qualified life event occurs as outlined in the IRS guidelines. I authorize Waterloo Warehousing to automatically deduct from my paycheck the necessary deductions to cover my insurance costs.

Employee Name (Print) _____

Employee Signature _____ Date _____