

SRP Open Enrollment Transaction Authorization Form

You must complete and return this form in the enclosed envelope if you want to:

- ▼ Make any change to your existing medical, dental or short-term disability plans during Open Enrollment
- ▼ Enroll in a Tax Saver Account (TSA) during Open Enrollment*
- ▼ Add coverage during Open Enrollment that you do not have at this time.

*All existing TSAs will expire on December 31 of each year.

The **SRP Open Enrollment Transaction Authorization Form** serves as the enrollment form for SRP employees, retirees and other participants who are eligible for benefits through SRP, and as a payroll deduction authorization for employees. You must use **HR Online** to make elections for medical coverage, dental coverage and, if applicable, to make elections for short-term disability, health care and dependent care Tax Saver Account (TSA) contributions. Before you can use **HR Online** for Open Enrollment, you must sign this Transaction Authorization Form and return it to Benefits Services, PAB242.

AUTHORIZATION AND SIGNATURE

As an **ACTIVE** employee, I elect to have my salary reduced on a before-tax basis to pay:

1. My portion of the medical premium, if any
2. My portion of the dental premium, if any
3. My health care TSA contribution, if I elect to have a health care TSA
4. My dependent care TSA contribution, if I elect to have a dependent care TSA.

If I elect to have STD coverage, I understand that my salary will be reduced on an after-tax basis to pay the contribution.

If I elect to have NO dental coverage (OPT OUT), I understand that dental expenses incurred by me or my dependents will be MY responsibility and NOT that of SRP.

As a **RETIREE**, my election is limited to medical coverage.

As a **PARTICIPANT**, I understand that I will be billed for the premium(s) for the plan(s) I elect.

By signing this Transaction Authorization Form now, I am consenting to the elections for medical, dental, and short-term disability coverage and for health care and dependent care TSA contributions that I make through **HR Online** during any open enrollment period. By signing this Transaction Authorization Form now, I am consenting to have the elections which I make through **HR Online** remain in effect subject to the terms and conditions of the applicable plan at the contribution rate in effect at the time of my election and in the future until I change my elections during a subsequent open enrollment period. If there is a change in the amount of any contribution for which I am responsible, I will have an opportunity to change my election during the open enrollment period preceding the change. If I decide to change my elections through **HR Online** during a future open enrollment period, by signing this Transaction Authorization Form now, I am consenting to the changed elections under the terms and conditions of the applicable plan at the contribution rate in effect at the time of my changed elections and in the future until I change my elections again during a subsequent open enrollment period. Notwithstanding the foregoing, I can change my medical, dental and health and dependent care TSA elections between open enrollment periods in the case of a qualifying family status change.

I authorize any physician or other health care provider to furnish any authorized representative or designee or any medical, dental or STD provider I have elected any and all records pertaining to medical history, services or treatment of anyone enrolled for purposes of review, investigation, or evaluation of an application or claim. A photocopy of this authorization shall be valid as the original.

LAST NAME, FIRST NAME, MIDDLE INITIAL (PLEASE PRINT)

SIGNATURE

EMPLOYEE ID

DATE

FOR OFFICE USE ONLY

ENTERED BY

DATE ENTERED

EFFECTIVE DATE

ben_openenrollment_auth.pdf, 10/14/2008

