Cornell University | Benefit Services & Administration

HR Services and Transitions Center (HRSTC)
395 Pine Tree Rd, EHOB, Suite 130, Ithaca, NY 14850
hrservices@cornell.edu
telephone: 607-255-3936

ENDOWED HEALTHCARE ENROLLMENT FORM

EMPLOYEE INFORMATION

Last Name	First Name	M.I.	Social Security Number

Gender ☐ F ☐ M ☐ X	Date of Birth	Benefits Eligible Date	Employee ID #

Home Address	City	State	Zip

Email	Telephone	Campus Address

Marital Status ☐ Single ☐Married ☐Widowed ☐Divorced ☐Separated ☐Domestic Partnership	Marital / Domestic Partnership Status Date

QUALIFIED LIFE EVENT - Request must be submitted within 60 days of event or late enrollment may apply

☐ Marriage / Domestic Partnership	☐ Gain / Loss of Other Coverage	**Date of Qualified Life Event:**
☐ Divorce / Dissolution of Partnership	☐ Death of Dependent	
☐ Birth/Adoption/Legal Custody of Child	☐ Other:	

Proof Of Qualified Life Event **Attach Copy with Application**

ENDOWED PLAN ELECTION - Select one tier and one plan for each benefit listed below (cannot change plans mid-year if already enrolled)

Medical Coverage Tier & Rates	**Medical Plan all include OptumRx coverage:**
☐ Employee Only ☐ Employee + Child ☐ Cancel ☐ Employee + Spouse/Domestic Partner ☐ No Change ☐ Employee + Spouse/Domestic Partner + Child(ren) ☐ Employee + Endowed Spouse/Domestic Partner + Child(ren)*	☐ Aetna Cornell Program for Healthy Living (CPHL) ☐ Aetna Weill Cornell Medicine (WCM-PPO) ☐ Aetna HDHP with HSA Plan (HDHP/HSA) -Additional Form Required: HSA Election and Attestation
Dental Coverage Tier & Rates	**Dental Plan:**
☐ Employee Only ☐ Employee + Child ☐ Cancel ☐ Employee + Spouse/Domestic Partner ☐ No Change ☐ Employee + Spouse/Domestic Partner + Child(ren)	☐ MetLife Dental Plus ☐ MetLife Dental Standard
Vision Coverage Tier & Rates	**Vision Plan:**
☐ Employee Only ☐ Employee + Child ☐ Cancel ☐ Employee + Spouse/Domestic Partner ☐ No Change ☐ Employee + Spouse/Domestic Partner + Child(ren)	☐ DavisVision by MetLife

*Dual Tier Eligibility **ONLY** (if not eligible for Dual Tier, please ignore)

You are eligible for the medical plan dual tier if you meet all the following requirements:

- You are enrolling yourself, your spouse/domestic partner and at least one child in the endowed medical plan
- You and your spouse/domestic partner are both endowed employees.
- You and your spouse/domestic partner are both eligible for participation in the endowed medical plan.

NOTE: Payroll premiums deducted from the employee listed above

Spouse/Domestic Partner Signature	Date:	Employee ID #

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Form Efft. 10/2024

DEPENDENT ENROLLMENT INFORMATION - Use additional sheets as necessary					
Check all that apply: M (Medical), D (Dental), V (Vision)	**Last Name, First Name, MI**	**Date of Birth**	**Relationship**	**Gender**	**Social Security Number**
☐M ☐D ☐V					
☐M ☐D ☐V					
☐M ☐D ☐V					
☐M ☐D ☐V					
DEPENDENT DOCUMENTATION Attach Copy of Documentation For Each Dependent					

AUTHORIZATION

I hereby declare that the information provided is correct, and that to the best of my knowledge and belief, I am eligible for insurance under the terms of Cornell University's health care program for endowed employees. I hereby request the insurance thereunder to which I am entitled or to which I may become entitled. I understand and agree that if I, or any of my applicable dependents become ineligible or have a qualified life event under the terms of the Plan, then I must promptly notify Cornell University by contacting HR Services and Transitions Center within **60 days of ineligibility or qualifying event date**. I agree to review the imputed income information if I am covering my domestic partner and to seek the advice of a tax advisor for questions. I authorize and understand that health insurance premiums will be retroactive to the eligibility date or qualifying event date. This means that double deductions will be taken from my paycheck if back premiums are owed.

Employee Signature _____ **Date**_____

Note: This form is to be used when enrollments cannot be completed through Workday; otherwise, please access https://hr.cornell.edu/ to complete your enrollment request.

Please complete, sign and date where indicated and include required documentation.

Send directly via Cornell Secure File Transfer using the NetID of the HR Services and Transitions Counselor's NetID:_____.

Alternatively, you may bring/mail documents to our office Monday – Friday from 8:30am – 4:30pm located at: 395 Pine Tree Road, East Hill Office Building, Suite 130, Ithaca, New York 14850