



# Benefits Worksheet

You can use this worksheet to organize your elections to enroll on FlexOnline:

✓ BENEFIT PLAN	DEPENDENTS COVERED ON PLAN & INFO	AMOUNT
<input type="checkbox"/> <b>MEDICAL PLAN</b> <input type="checkbox"/> OAP <input type="checkbox"/> CCF with HRA <input type="checkbox"/> HDHP with HRA <input type="checkbox"/> HDHP with HSA	_____ Spouse _____ Child _____ Child _____ Child	(Per pay period cost) \$
<input type="checkbox"/> <b>HRA</b> (Dartmouth)	Automatic Dartmouth contribution with CCF and HDHP with HRA medical plan options.	(Annual Amt Received) \$
<input type="checkbox"/> <b>HSA</b> (Dartmouth)	Automatic Dartmouth contribution with HDHP with HSA medical plan.	(Annual Amt Received) \$
<input type="checkbox"/> <b>HSA</b> (Dartmouth)	Dartmouth contribution must be included as part of the IRS annual limit.	(Annual Contribution) \$
<input type="checkbox"/> <b>HEALTH CARE FSA</b> (Dartmouth)	If eligible (see page 12), Dartmouth contribution is automatic and is in addition to IRS annual limit.	(Annual Amt Received) \$
<input type="checkbox"/> <b>HEALTH CARE FSA OR LPFSA</b> (Employee)	Limit: \$3,050/year	(Annual Contribution) \$
<input type="checkbox"/> <b>DEPENDENT CARE FSA</b> (Employee)	Limit: \$5,000/year per household	(Annual Contribution) \$
<input type="checkbox"/> <b>CHILD CARE SUBSIDY</b> (Dartmouth)	Dartmouth Couples receive one subsidy	(Annual Amt Received) \$
<input type="checkbox"/> <b>DENTAL</b> <input type="checkbox"/> HIGH Plan <input type="checkbox"/> LOW Plan <input type="checkbox"/> Spouse Only <input type="checkbox"/> Child(ren) Only	_____ Spouse _____ Child _____ Child _____ Child	(Per pay period cost) \$
<input type="checkbox"/> <b>VISION</b> <input type="checkbox"/> Spouse Only <input type="checkbox"/> Child(ren) Only	_____ Spouse _____ Child _____ Child _____ Child	(Per pay period cost) \$
<input type="checkbox"/> <b>SUPPLEMENTAL LIFE</b> <input type="checkbox"/> 1X <input type="checkbox"/> 2X <input type="checkbox"/> 2.5X <input type="checkbox"/> 3X <input type="checkbox"/> 4X <input type="checkbox"/> 5X <input type="checkbox"/> 6X <input type="checkbox"/> 7X <input type="checkbox"/> 8X	Options 1X – 2.5X annual salary offer guaranteed coverage for new hires. All other enrollments require the completion of a Statement of Health.	(Annual Contribution) \$
<input type="checkbox"/> <b>DEPENDENT LIFE</b> <input type="checkbox"/> Spouse Only <input type="checkbox"/> Child(ren) Only <input type="checkbox"/> Family	Dartmouth couples cannot cover each other and only one can cover the children.	(Per pay period cost) \$
<input type="checkbox"/> <b>LONG TERM DISABILITY</b> <input type="checkbox"/> 50% of Pay <input type="checkbox"/> 60% of Pay <input type="checkbox"/> 70% of Pay	There is no cost for 50% of pay but is a cost for 60% and 70% of pay.	(Per pay period cost) \$
<input type="checkbox"/> <b>VOLUNTARY BENEFITS</b> <input type="checkbox"/> Hospital Care <input type="checkbox"/> Accidental Injury <input type="checkbox"/> Critical Illness	Employee-paid, optional coverage _____ Spouse _____ Child _____ Child _____ Child	(Per pay period cost) \$
<input type="checkbox"/> <b>WELLNESS</b> <input type="checkbox"/> Pulse Program <input type="checkbox"/> Lifestyle Spending Account <input type="checkbox"/> Alumni Gym	There is no cost for this benefit, but you will want to elect the option that works best for you. These benefits are considered taxable income; applicable taxes will be withheld from your paycheck. These benefits are considered taxable income; applicable taxes will be withheld from your paycheck.	NO COST