

**ENROLLMENT INSTRUCTIONS**

**ALL FORMS MUST BE RECEIVED BY JUNE 14, 2023**

**Medical, Dental & Vision Insurance:**

1. Complete the "Aetna Enrollment Form 2023"
  - a. If you are unsure of your date of hire, you may leave it blank
  - b. Choose the coverages you would like to enroll in and choose the medical plan you will be choosing (check one medical plan only)

Aetna Enrollment Form		
<b>New Enrollment</b>	<b>Aetna Coverages</b> (check the coverages you want to enroll in)	<b>Medical Plan Section</b> (check 1 if enrolling in medical)
<b>Date of Hire</b> _____	<input type="checkbox"/> Medical <input type="checkbox"/> Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Child(ren) <input type="checkbox"/> Dental <input type="checkbox"/> Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Child(ren) <input type="checkbox"/> Vision <input type="checkbox"/> Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Child(ren)	<input type="checkbox"/> High Plan (\$1,500 /\$3,000) <input type="checkbox"/> Middle Plan (\$3,000/\$6,000) <input type="checkbox"/> Low Plan (\$5,000/\$10,000)

- c. Enter your information in the Employee Information section and Dependent information section (only if you would like to enroll dependents on your medical coverage)
- d. If you have other medical coverage, please note the name of the carrier and list dependent addresses if your dependents do not live at the same address as you
- e. Sign and date at the bottom of the form and send the form to:  
[benefits\\_us@staffing360solutions.com](mailto:benefits_us@staffing360solutions.com) or you may fax your form to 203-502-8773 ATTN: BENEFITS DEPARTMENT
- f. Complete the "Payroll Authorization Form 2023" if you are electing Medical, Dental and/or vision and return it to [benefits\\_us@staffing360solutions.com](mailto:benefits_us@staffing360solutions.com)

**Life, Disability, Accident, Specified Disease, Accident & Hospital Indemnity Insurance:**

2. Complete the "Sun Life Enrollment Form"
  - a. Complete the Employee Information and Dependent Information sections
  - b. To elect which benefits you would like to enroll in, check "Elect"
  - c. If you are not interested in enrolling in one of the benefits, check "Refuse"
  - d. Add the amount of coverage you would like in the fields provided

<b>Elect</b>	<b>Refuse</b>	<b>Coverage</b>	
<input type="checkbox"/>	<input type="checkbox"/>	Employee Voluntary Life	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Spouse Voluntary Life	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Child Voluntary Life	\$ _____

- e. If you are electing Life Insurance, please complete section 5 "Beneficiary Designation Information" If you are choosing more than one beneficiary, please ensure that your percent share equals 100%
- f. Sign and date the form and return it to [benefits\\_us@staffing360solutions.com](mailto:benefits_us@staffing360solutions.com)