



Rel. 06/17/2025; Rev. 02/12/2026

Employee Name:	
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Flexible Benefits Enrollment Form PY 2025-2026

Type of Enrollment: (select one)

- ___ New Hire (including due to an acquisition)
- ___ New Enrollment/Change (qualifying life event/family status change)
- ___ Cancellation (qualifying life event/family status change/other qualifying reason)
- ___ Annual Open Enrollment (enrollment is usually completed via the benefits system)

Important Flexible Benefits Notices!

- ☐ The **benefits plan year** at Merion Residential begins on July 1 and ends on June 30. Changes may not be made to your plan elections once enrolled unless you experience a **qualifying life event (QLE)** as defined by the IRS. Other than a qualifying life event, changes may only be made during **Open Enrollment** or as a **new hire**.
- ☐ A **QLE** is a change in your situation — like getting married, having a baby, or losing health coverage — that can make you eligible for a Special Enrollment Period, allowing you to enroll in health insurance outside the yearly Open Enrollment Period.
- ☐ **Enrollment Eligibility:** For New Hires, except for the 401(k) plan, benefit **enrollment eligibility is generally after 60-days of employment, on the first day of the following month**. Benefits enrollment eligibility (except for the 401(k) plan) is reserved for **full-time employees** working 30+ hours per week. For **New Hires via an Acquisition**, special enrollment eligibility dates and terms will occur in most cases. Contact HR for further assistance at benefitshelpdesk@merionresidential.com.
- ☐ **Main Line/Merion 401(k) Plan:** Eligible employees will be automatically enrolled in the 401(k) plan at a 3% employee deferral rate after 3-months of employment, on the first day of the following month coinciding with or next following your eligibility date (on the next available payroll date).
- ☐ All **benefits materials and rates** are published on Jostle (company intranet) in the Library → Human Resources → Benefits. Jostle Login: <https://login-prod.jostle.us/login.html>.
- ☐ **Paycom Employee Self-Service (ESS) Portal:** Your **benefits elections** will be entered into your record in the Paycom ESS by Human Resources. You should check the Paycom system five (5) business days from the date when you submit this enrollment form to ensure that your benefits elections have been updated correctly. Paycom system login: <https://www.paycomonline.net/v4/ee/web.php/app/login>

*** PLEASE PRINT or TYPE. ***

1. Employee Data (please print or type)

Today's Date:	
Employee's Name (Last, First, MI):	
Employee's Signature:	
Street Address (Street, City, State, Zip):	
Phone Number (include Area Code):	
Work Site:	
FOR HR USE ONLY! Benefits Enrollment Effective Date:	
FOR HR USE ONLY! Payroll/HRIS Entry Date:	

2a. Health Plans – Medical, Dental, Vision (pre-tax): *Make your selection(s) below.*

You must select a Highmark medical plan option, the high-deductible health plan with HRA or the PPO plan with co-pays.

___ (Option 1) Highmark Blue Cross Blue Shield (PPO Blue Healthy Savings \$3000Q 80/50 plan with Rx). This is a high-deductible health plan (HDHP) with company funded HRA. -OR-

___ (Option 2) Highmark Blue Cross Blue Shield (PPO Blue Sharing \$3,000 plan with Rx). This is a traditional PPO medical plan with co-pays and no HRA.

___ **Guardian Dental Plan** (Includes orthodontic care (age limit)). Please note that dental plan year expenses run from 1/1 to 12/31. You must select a **Guardian dental plan option, the Value plan or NAP plan**. Make your selection below. **A PLAN SELECTION IS REQUIRED!**

___ Guardian Dental Plan – Value Plan (*) -OR-

___ Guardian Dental Plan – NAP (*)

___ **Guardian Vision Plan** (Part of the VSP Vision Network).

(*) **Guardian Dental: Value plan** – Allows the member to see a participating dentist with Guardian and get the most reimbursement for their dental claims. **NAP plan** – Allows the member to see any dentist they would like and still receive reimbursements for their dental claims.

2b. Health Plans – Rate Table (**)

<u>Enrollee(s)</u>	<u>Medical Plan (\$)</u> *High-deductible health plan with HRA	<u>Medical Plan (\$)</u> *Buyup PPO health plan	<u>Dental Plan (\$)</u>	<u>Vision (\$)</u>
Employee	\$77.97	\$102.61	\$2.89	\$2.68
2 Adults	\$201.78	\$265.45	\$5.34	\$4.29
Employee + Child/Children	\$229.11	\$268.05	\$7.66	\$4.38
Employee + Family	\$272.45	\$366.33	\$13.62	\$7.06
(***) Health Reimbursement Arrangement (for medical plan enrollees)	→ By enrolling in the Highmark high-deductible health plan, you will also be <u>automatically enrolled in the HRA.</u>	N/A	N/A	N/A

(**) Biweekly rates are shown as of July 1, 2025.

(***) A **Health Reimbursement Arrangement (HRA)** is an IRS-approved, employer-funded, tax-advantaged employer health benefit plan that reimburses employees for out-of-pocket eligible medical expenses and individual health insurance premiums. Merion Residential will provide employees who are enrolled in the Highmark high-deductible medical plan (option 1) **ONLY** with a HRA contribution of \$1,500 (for employee only enrollees) or \$3,000 (for employee; 2 adults; employee + children; and family enrollees) per benefit policy year. Once enrolled, you will be issued an HRA credit card by Ameriflex, the 3rd party administrator. Your card will be sent to your home address via US Mail.

3. Dependents

List **ALL** dependents to be covered under your benefits and indicate in which plan(s) your dependent(s) is/are to be enrolled.

Please print or type.

Name	Date of Birth (mm/dd/yyyy)	Social Security Number	Gender	Relationship	Select each Plan(s) in which the Dependent(s) should be enrolled
					<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision
					<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision
					<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision
					<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision
					<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision

~ Please add additional sheets with your dependent's information, as required. ~

Questions? WORLD Insurance can help!

Benefits Resources for Employees – If you have questions, Merion's benefits broker, WORLD Insurance, is available Monday through Friday from 9 AM to 5 PM ET to answer your questions. Call 1-856-761-1833 for benefits assistance. You may also email Nicole or Natalie at WORLD Ins. for assistance: NicoleBoyle@Worldinsurance.com or NatalieKrause@Worldinsurance.com. Please mention that you are a Merion Residential employee when you call/email.

4. Flexible Spending Accounts (pre-tax): *Make your selection(s) below.*

*** For Flexible Spending Accounts (all plans), the plan year begins on January 1st and ends on December 31st. Benefits annual open enrollment for the flex plans occurs during the 4th quarter, effective January 1st. ***

___ I elect to contribute \$ _____ biweekly to my **Flexible Spending Account/Medical** (referred to as an FSA), subject to IRS limits. (2025 annual limit: \$3,300.)

___ I elect to contribute \$ _____ biweekly to my **Dependent Care Account** (referred to as a DCA), subject to IRS limits. (Annual limit: \$5,000 for individuals or married couples filing jointly, or \$2,500 for a married person filing separately.)

___ I elect to contribute \$ _____ biweekly to my **Commuter Reimbursement Account/Transit** (referred to as a CRA or TMA), subject to IRS limits. (2025 monthly limit: \$325 per.)

___ I do not wish to participate in this plan year.

5a. Company-provided Financial Benefits

There are three (3) employer-paid benefits: Basic Life & Accidental Death and Dismemberment Insurance (*); Short-term Disability Insurance; and Long-term Disability Insurance. Contact HR with questions at benefitshelpdesk@merionresidential.com.

() Merion Residential provides Group Term Life (GTL) for full-time employees. By law, the premiums for coverage, when more than \$50,000, are taxable and must be reported as income on your Form W-2. The amount of taxable GTL is calculated using the IRS Table of Uniform Premiums.*

5b. Voluntary (or Supplemental) Term Life Insurance (after-tax)

Voluntary Term Life Insurance is in addition to the **Basic Life Insurance** (1x your annual base salary for staff (with cap) (*)); or 2x annual base salary for senior management (with cap) (*)) that the company provides for all full-time employees (employer paid). Coverage may be rounded. You may be required to provide evidence of insurability. (*) There are minimums and maximums; contact HR with questions at benefitshelpdesk@merionresidential.com.

Option A: The carrier is Mutual of Omaha: *Make your selection(s) below.*

You may purchase coverage in \$10,000 increments up to the lesser of 5x your base annual salary or \$500,000. You may purchase coverage for yourself and your dependents. Rate tables are published in the Paycom system and available on Jostle in the Library → HR → Benefits. The biweekly cost may be calculated in the Paycom system. Contact HR for assistance at benefitshelpdesk@merionresidential.com.

I am requesting voluntary life insurance in the amount of:

- ___ 1x base salary (round to the closest \$10k, up to 5x base salary or \$500,000)
- ___ 2x base salary (round to the closest \$10k, up to 5x base salary or \$500,000)
- ___ 3x base salary (round to the closest \$10k, up to 5x base salary or \$500,000)
- ___ 4x base salary (round to the closest \$10k, up to 5x base salary or \$500,000)
- ___ 5x base salary (round to the closest \$10k, up to 5x base salary or \$500,000)

(*) Dependent Child or Spouse Coverage Enrollment Request & Limits:

___ I am requesting *Dependent Child* voluntary life insurance in the amount of: \$_____

To elect voluntary life coverage for a Child(ren), the employee must elect coverage, too. Child coverage may be in \$1,000 increments and cannot exceed \$10,000. Minimum benefit is \$2,000.

___ I am requesting *Spouse* voluntary life insurance in the amount of: \$_____

To elect voluntary life coverage for a Spouse, the employee must elect coverage, too. Spouse coverage may be in \$5,000 increments. The maximum benefit amount is 100% of the Employee's Benefit, up to \$250,000. Minimum benefit is \$5,000.

Your enrollment selection(s) and your deduction amount(s) will be input by Human Resources into the payroll system in order to calculate your rates (the cost of the coverage you are requesting).

(*REQUIRED INFORMATION) Mutual of Omaha – Dependent Child or Spouse Coverage – Enrollment Details:

Dependent's Name (Full Legal Name)	Dependent's Date of Birth (mm/dd/yyyy)	Dependent's Social Security Number	Dependent's Gender	Type of Dependent (i.e., Spouse or Child)

Option B: The carrier is Colonial Life

Colonial Life Voluntary Product Options: Accident, Cancer, Critical Illness, Disability, Hospital Confinement Indemnity, Term Life, & Whole Life.

TO ENROLL: For more product information and rates, please contact Tanya Wishard at (717) 487-2259 or Tanya.Wishard@coloniallifesales.com. Once you have made your enrollment selections, your deduction information will be sent to Human Resources by the insurance broker for input into the payroll system. You will not enroll in this benefit via the Paycom system or on this form. For additional information, rates, **and to enroll**, you must contact the Colonial Life Rep who is listed above.

6. Countrywide/IDIQ Pre-paid Legal (after-tax): *Make your selection(s) below.*

___ Option A: Personal Legal Plan. (The cost is \$6.80 biweekly.)

___ Option B: Identity Theft & Credit Monitoring Plan (Secure Pro+ Plan). – (The cost is \$5.99 biweekly, per enrollee.)

Contact HR for additional information and/or enrollment assistance at benefitshelpdesk@merionresidential.com.

7. Nationwide Pet Insurance (after-tax)

A Nationwide pet insurance policy can help you plan for your pet's healthcare, and off-set costs for routine care and unexpected illness or injury. Additional information about the Nationwide Pet Insurance program may be found on Jostle → Library → HR → Benefits. You may also access the Nationwide/Merion Residential website that follows for rate information (based on your state of residence). **TO ENROLL:** You must call Nationwide at (877) 738-7874, or visit the Merion Residential-Nationwide Pet Insurance website:

<http://www.petinsurance.com/merionresidential>. (Nationwide offers coverage for dogs, cats, avian, and/or exotic pets. To discuss and enroll in avian or exotic pet coverage for your animal, you *must call* Nationwide.) Once enrolled, your enrollment information will be provided to Human Resources by the carrier and your payroll deduction for the benefit will be set up. Enrollments are processed effective the 1st of the month.

8. 401(k) Plan – Traditional/Pre-tax and Roth

For eligible employees, enrollment in the **pre-tax 401(k) Plan** is automatic once you have satisfied the eligibility period. Eligible employees (both full-time and part-time) will be enrolled after 3 months of employment, on the first day of the following month coinciding with or next following your eligibility date (on the next available payroll date). You will be enrolled at a default deferral rate of 3%.

The company match is 100% of the first 1% that you contribute, 50% of the next 5% that you contribute, and the company's matching contributions will match your contributions as stated up to a total of 3.5% of your yearly compensation. You may make changes once enrolled by visiting the Vanguard Participant Services portal (see the information that follows). Review the 401(k) Plan provisions and materials on Jostle and at <https://my.vanguardplan.com/vanguard/>. Contact HR with questions at benefitshelpdesk@merionresidential.com.

9. Employee Enrollment or Change Authorization, or Cancellation Authorization, or Waiver

I hereby authorize my employer to reduce my gross salary (before federal and state income and Social Security taxes are calculated) by the total biweekly cost of my Flexible Benefits. I understand that I cannot change the amount of the reduction or revoke this agreement during the plan year unless there is a change in status as defined by IRS rules. I further understand that any amount remaining in my Flexible Spending Accounts that is not used during the calendar year, grace period or that cannot be rolled over cannot be accumulated and carried forward to the next plan year but will revert to the plan (there is narrow roll forward allowance). The "biweekly cost" amount specified will continue in effect until I discontinue or modify my agreement for a subsequent plan year, terminate employment, or take an unpaid leave of absence from employment. Specific plan information is available from Human Resources and via the company's intranet communication portal, Jostle. Contact Human Resources for information about upcoming Benefits Orientation webinars, which are benefit plan informational meetings. If you are **waiving coverage**, review the Waiver information that follows, check the box below, then date and sign below.

Human Resources has aimed to provide accurate information on this enrollment form; however, carrier agreements are prevailing.

(Waiver Option) Check this box to voluntarily waive health and/or welfare benefits coverage currently:

☐

Employee Printed Name

Employee Signature

Date

Waiver: By selecting the Waiver Option and signing above, I certify that I have been given an opportunity to apply for coverage for myself and my eligible dependents, if any. I am declining enrollment as indicated above. I understand that I am declining enrollment for myself or my eligible dependents (including my spouse) because of other health insurance or group health plan coverage, I may be able to enroll myself and my eligible dependents in this plan if I lose, or my eligible dependents lose, eligibility for that other coverage (or if the employer stops contributing towards my own or my eligible dependents' other coverage). I understand that I must request enrollment no more than 30 days after the date the other health plan coverage ends (or after the employer stops contributing toward the other coverage). If I do not do so, I will not be able to enroll until my employer's next annual Open Enrollment period. In addition, I understand that if I have a newly eligible dependent because of a family status change such as marriage, birth, adoption, or placement for adoption, I may be able to enroll myself and my eligible dependent(s). However, I must request enrollment within 30 days after the family status change, such as a marriage, birth, adoption, or placement for adoption action. I understand that to request special enrollment or obtain more information, I should contact Human Resources (benefitshelpdesk@merionresidential.com).

Key Insurance Terms

- **Dependent Care Account or “DCA”** - A Dependent Care Account is a pre-tax benefit account used to pay for eligible **dependent care** services, such as preschool, summer day camp, before or after school programs, and child or adult daycare.
- **Commuter Reimbursement Account (Transit) or “CRA”** - Commuter reimbursement accounts (CRA) allow you to set aside pre-tax dollars to put towards eligible transportation expenses.
- **Flexible Spending Account (Medical) or “FSA”** - A **Flexible Spending Account** is a special **account** you put money into that you use to pay for certain out-of-pocket health care costs. You don't pay taxes on this money. This means you'll save an amount equal to the taxes you would have paid on the money you set aside.
- **Health Reimbursement Arrangement or “HRA”** - Your employer sets aside a fixed amount of money to your HRA each year for you to use. Unlike other health spending accounts, only your employer can put money into your HRA. The money is available to you at the beginning of the year. An HRA can be paired with a Healthcare Flexible Spending Account (FSA). Qualified expenses are automatically paid from the FSA first, up to the available balance. Then, funds from the HRA are used for any qualifying medical expenses.
- **High Deductible Health Plan (or “HDHP”)** – A HDHP is a medical plan with a high deductible. You pay for healthcare costs (via the deductible) in advance of the insurance company. At Merion Residential, the HDHP is combined with an HRA, which allows you to pay for eligible healthcare-related costs with dollars provided by the company. In addition, you may allocate pre-tax dollars to pay for other eligible healthcare expenses via a flexible spending account/medical or FSA.
- **Qualifying Life Event (QLE) – A QLE (or a family status change)** is a change in your situation — like getting married, having a baby, or losing health coverage — that can make you eligible for a Special Enrollment Period, allowing you to enroll in health insurance outside the yearly Open Enrollment Period. Common types of qualifying life events are loss of health coverage (related to job loss, aging out of coverage limits, etc.), changes in household (marriage, birth, etc.); and changes in residence (relocation).
- Also refer to the U.S. Office of Personnel Management (OPM) **Insurance Glossary** for additional information and definitions: <https://www.opm.gov/healthcare-insurance/insurance-glossary/>