

Open Enrollment Information for New Hires



New Hire Benefit Elections

For benefits effective: as of hire date

When: within 31 days of hire

How: via LANL Worker Self Service

Who: New employees electing benefits as of 2021 hire date

Open Enrollment Benefit Elections

For benefits effective: as of January 1, 2022

When: within 31 days of hire

How: Open Enrollment Form 1751a emailed to benefits@lanl.gov

Who: Employees making a benefits change for 2022, add/remove dependent(s), elect FSA for 2022

Because of the timing of your hire date, you may need to make 2 separate elections for benefits.

Step 1: New Hire Elections – Within 31 Days of Hire (Period of Initial Eligibility)

*** Your New Hire elections are for benefits that will begin as of your date of hire.***

- 1) Are you planning to enroll a dependent (spouse, domestic partner, and/or child) in benefits?
 - o **Yes:** Submit your [LANL Contacts Form](#) with all required documentation to benefits@lanl.gov at your earliest possible opportunity. The Benefits Office will notify you when your contact(s) are in Oracle; wait until this notification. This must be completed before the following steps can be taken.
 - o **No:** Continue to enrollment
- 2) Make your new hire elections within 31 days of hire

You must complete your benefits enrollment in Oracle's LANL Worker Self Service within 31 calendar days of your hire date.

- Step-by-step instructions: [How to Guide for New Hire Benefits Enrollment](#)
- Take me to enroll: [LANL Worker Self Service](#)

Don't Wait: If your Period of Initial Eligibility ends during or after the Winter Closure (12/24/2021 - 1/3/2022), you are encouraged to make your elections **before 12/14/2021**.

Important information if you are electing an FSA: Your election is for an amount that will be divided among the remaining pay periods in 2021 and must be used by the end of the year through the 3/15/2022 grace period. After 12/10/2021, you may not elect an FSA for 2021.

Important information if you are electing an HSA: If your date of hire is December 1 or later, per IRS rules, you may not elect an HSA in 2021 but may instead elect the HSA for 2022 using the Open Enrollment 1751a Form.

Step 2: Open Enrollment Elections – Within 31 days of Hire

Open Enrollment elections are for benefits that will begin on January 1, 2022.

Why might you want to make an election during Open Enrollment?

- You want to elect an FSA for 2022 (FSAs must be re-elected yearly, you may only use a 2021 FSA until the end of the grace period on 3/15/2022).
 - You want to change/enroll/waive benefits for the 2022 plan year.
 - You were hired in December and could not elect the Health Savings Account (HSA) for 2021 due to IRS rules, and you want to elect the HSA for 2022.
- 1) Are you planning to enroll a dependent (spouse, domestic partner, child) in benefits in 2022 that you did not enroll with your new hire life event?
- **Yes:** Submit your [LANL Contacts Form](#) with all required documentation to benefits@lanl.gov at your earliest possible opportunity. The Benefits Office will notify you when your contact(s) are in Oracle; wait until this notification. This step must be completed before you can enroll.
 - **No:** Continue to #2
- 2) Do you want to make a change, add a dependent or elect an FSA for 2022?
- Yes:** Complete the attached [Open Enrollment 1751a Benefits Enrollment Form](#) and email it to benefits@lanl.gov within 31 days of hire. This form is for benefits beginning 1/1/2022.
- No:** No action is required. Your 2021 new hire elections will carry forward into 2022.

Important Things to Remember:

- **Flexible Spending Accounts (FSA) require annual re-election.** If you elect an FSA (Health Care Reimbursement Account (HCRA), Dependent Care Reimbursement Account (DCRA), Adoption Assistance Expense Account (AAEA)) with your New Hire life event, you may only use the 2021 FSA until the end of the grace period on 3/15/2022. If you would like an FSA for 2022, you must elect it on your [Open Enrollment 1751a Benefits Enrollment Form](#).
- **No Changes, No Action** - If you do not wish to make any changes to the benefits you elected with your new hire life event and do not need to enroll in an FSA for 2022, you do not need to complete an Open Enrollment 1751a Benefits Enrollment Form. Your New Hire elections will automatically roll over to 2022.
- **Don't Wait** - While you have until the end of your New Hire Period of Initial Eligibility to complete your [Open Enrollment 1751a Benefits Enrollment Form](#), you are strongly encouraged to submit this form as early as possible. If your Period of Initial Eligibility ends during or after the Winter Closure (12/24/2021-1/3/2022), you are encouraged to return the form before 12/14/2021.

Open Enrollment 2022

Benefits Enrollment

Return completed form to LANL

Benefits Office:

Fax: 505-665-2156

 Email: benefits@lanl.gov

Section I: Employee Information		
All fields on this form are required; please indicate "No Change" if you do not wish to change your plan or "waive" if you want to decline the coverage.		
Employee Name	Z Number	Date of Life Event
Note: Insurance cards will be mailed to the address on file. If your address has changed, please email rr-desk@lanl.gov .		Life Event
Section II: Health and Welfare Benefits Enrollment		
Note: Employees must be eligible for the plan they are choosing. Employees may review eligibility requirements in the Triad Summary Plan Description .		
Medical		
Type of Action (you must choose from the following): <input type="checkbox"/> Elect, Change, Add, or Drop Dependent <input type="checkbox"/> Waive <input type="checkbox"/> No Change Type of Enrollment (if enrolling, select only one): <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee + Spouse/Domestic Partner (only) <input type="checkbox"/> Employee + Family <input type="checkbox"/> Employee + Children (only)	Blue Cross Blue Shield of New Mexico Medical Plan Options Plan Option (if enrolling, select only one): <input type="checkbox"/> Preferred Provider Organization (PPO) <input type="checkbox"/> High-Deductible Health Plan (HDHP) <i>Employees on a J-1 Visa must select PPO to meet coverage requirements.</i>	
Dental		
Type of Action (you must choose from the following): <input type="checkbox"/> Elect, Change, Add, or Drop Dependent <input type="checkbox"/> Waive <input type="checkbox"/> No Change Type of Enrollment (if enrolling, select only one): <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee + Spouse/Domestic Partner (only) <input type="checkbox"/> Employee + Family <input type="checkbox"/> Employee + Children (only)	Vision Type of Action (you must choose from the following): <input type="checkbox"/> Elect, Change, Add, or Drop Dependent <input type="checkbox"/> Waive <input type="checkbox"/> No Change Type of Enrollment (if enrolling, select only one): <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee + Spouse/Domestic Partner (only) <input type="checkbox"/> Employee + Family <input type="checkbox"/> Employee + Children (only)	
Healthcare Reimbursement Account (HCRA) <i>(Available only with PPO or waived medical coverage)</i>		
Type of Action (you must choose from the following): <input type="checkbox"/> Elect/Change <input type="checkbox"/> Waive <input type="checkbox"/> No Change HCRA Annual Contribution Amount: \$ _____/year <i>(2021 annual maximum: \$2,750)</i> <i>This plan requires you to re-elect this option every year per IRS rules.</i>	Health Savings Account (HSA) <i>(Available only with HDHP medical coverage)</i> Type of Action (you must choose from the following): <input type="checkbox"/> Elect/Change <input type="checkbox"/> Waive <input type="checkbox"/> No Change HSA Contribution Amount: \$ _____/per pay period <i>(2022 annual maximum: individual \$3,650; family \$7,300)</i>	
Dependent Care Reimbursement Account (DCRA) Note: This account is used for eligible dependent daycare expenses.		
Type of Action (you must choose from the following): <input type="checkbox"/> Elect/Change <input type="checkbox"/> Waive <input type="checkbox"/> No Change DCRA Annual Contribution Amount: \$ _____/year <i>(2021 annual maximum: \$5,000)</i> <i>This plan requires you to re-elect this option every year per IRS rules.</i>	Adoption Assistance Expense Account (AAEA) Type of Action (you must choose from the following): <input type="checkbox"/> Elect/Change <input type="checkbox"/> Waive <input type="checkbox"/> No Change AAEA Annual Contribution Amount: \$ _____/year <i>(2021 annual maximum: \$14,440)</i> <i>This plan requires you to re-elect this option every year per IRS rules.</i>	
Legal		
Type of Action (you must choose from the following): <input type="checkbox"/> Elect, Change, Add, or Drop Dependent <input type="checkbox"/> Waive <input type="checkbox"/> No Change	Type of Enrollment (if enrolling, select only one): <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee + Spouse/Domestic Partner (only) <input type="checkbox"/> Employee + Family <input type="checkbox"/> Employee + Children (only)	

Note: This form shall be protected as LANL Employment Sensitive and/or LANL Employment Sensitive/PII when one or a combination of the following personal information items is revealed in a LANL record: education, salary, medical history, employment history, social security number, date and place of birth, or mother's maiden name.

Supplemental Short-Term Disability	Long-Term Disability
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Note: Supplemental Short-Term Disability and/or Long-Term Disability may only be elected at Open Enrollment and will require Evidence of Insurability but can be waived at any time. Eligible new hires are automatically enrolled.

Type of Action (you <i>must</i> choose from the following): <input type="checkbox"/> Elect/Change <input type="checkbox"/> Waive <input type="checkbox"/> No Change	Type of Action (you <i>must</i> choose from the following): <input type="checkbox"/> Elect/Change <input type="checkbox"/> Waive <input type="checkbox"/> No Change
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Employee Supplemental Life Insurance	Spouse Life Insurance
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Note: Enrolling/increasing coverage requires Evidence of Insurability.

Type of Action (you <i>must</i> choose from the following): <input type="checkbox"/> Elect/Change <input type="checkbox"/> Waive <input type="checkbox"/> No Change Level of Coverage (if enrolling, select only one): <input type="checkbox"/> 1 Time Annual Salary <input type="checkbox"/> 5 Times Annual Salary <input type="checkbox"/> 2 Times Annual Salary <input type="checkbox"/> 6 Times Annual Salary <input type="checkbox"/> 3 Times Annual Salary (GIA) <input type="checkbox"/> 7 Times Annual Salary <input type="checkbox"/> 4 Times Annual Salary <input type="checkbox"/> 8 Times Annual Salary	Type of Action (you <i>must</i> choose from the following): <input type="checkbox"/> Elect/Change <input type="checkbox"/> Waive <input type="checkbox"/> No Change Level of Coverage (if enrolling, select only one): <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 (GIA) <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$125,000 <input type="checkbox"/> \$150,000 <input type="checkbox"/> \$175,000 <input type="checkbox"/> \$200,000
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Child Life Insurance

Type of Action (you <i>must</i> choose from the following): <input type="checkbox"/> Elect, Change, Add, or Drop Dependent <input type="checkbox"/> Waive <input type="checkbox"/> No Change	Level of Coverage (if enrolling, select only one): <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 per child
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Accidental Death and Dismemberment (AD&D)
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Type of Action (you <i>must</i> choose from the following): <input type="checkbox"/> Elect, Change, Add, or Drop Dependent <input type="checkbox"/> Waive <input type="checkbox"/> No Change	Type of Enrollment (if enrolling, select only one): <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee + 1 <input type="checkbox"/> Employee + 2 or more	Level of Coverage (if enrolling, select only one): <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$400,000 <input type="checkbox"/> \$200,000 <input type="checkbox"/> \$500,000
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Section III: Eligible Family Member Actions
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Enter the required information below.

- Indicate appropriate action code as follows: **Action Code Key:** E=Enroll, D=De-enroll
- Indicate the relationship code as follows: 2=Spouse, 3=Natural Child, 4=Adopted Child, 5=Domestic Partner, 6=Domestic Partner Child, 7=Stepchild, 8=Legal Ward

Action Code	Social Security (Required) <small>Note: Not required for newborn enrollment. Must call LANL Benefits Office to update when received.</small>	Name (Last, First, MI)	Gender	Date of Birth	Relationship Code	Eligibility documentation for each dependent is required. Is documentation attached?
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

Terms and Conditions

By signing this form, I agree to the following Terms and Conditions: The LANL Benefits Office reserves the right to request additional enrollment information, including, but not limited to, birth certificates, tax documentation, social security numbers, and any other information deemed necessary. The LANL Benefits Office also reserves the right to cancel coverage for ineligible dependents in cases where enrollment is contrary to the Triad Welfare Benefit Plan for Employees. It is my responsibility to verify my enrollment is correct. Any incorrect or missing enrollments must be identified to the Benefits Office in writing within 31 calendar days of the Life Event. By signing this form, I authorize deductions from my earnings to cover premiums, if any, for the plans I have selected for my eligible family members and myself. This authorization will remain in effect until I submit another form changing, canceling, or opting out of coverage in conjunction with an eligible Life Event. **Dependency Affidavit:** By attempting enrollment of any of the above, I certify the child(ren) listed in the Eligible Family Member Actions section meet the eligibility requirements as outlined in the Triad Welfare Benefit Plan for Employees. **Misuse of Plans:** Triad reserves the right to de-enroll individuals and their family members who misuse the Plan. Misuse of the Plan includes, but is not limited to, actions such as falsifying enrollment or claims information, allowing others to use Plan identification cards, enrollment of ineligible dependents, and threats or abusive behavior towards Plan providers or representatives. Insurance carriers may have their own rules that apply to misuse of the insured Benefit Program in which you are enrolled. I understand that I will be liable for all costs incurred as a result of invalid enrollments.

Employee Signature/Date (Please sign with a pen, stylus, or use a signature with a date and timestamp included)	Z Number
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