

Open Enrollment Information for New Hires



New Hire Benefit Elections

For benefits effective: as of hire date

When: within 31 days of hire

How: online via [LANL Worker Self Service](#)

Who: New employees who want benefits to be effective as of their 2022 hire date

Open Enrollment Benefit Elections

For benefits effective: as of January 1, 2023

When: within 31 days of hire

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

Who: Employees making a benefits change, adding/removing dependent(s), or electing FSA for a Jan 1, 2023 effective date

Because of the timing of your hire date, you may need to make 2 separate elections for benefits. Please read below to see what steps you need to take.

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. Your benefits-eligible contacts must be in Oracle before the proceeding steps can be taken.
 - o **No:** Continue to enrollment (#2).
- 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 (12/26/2022 - 1/2/2023), you are encouraged to make your elections **before 12/14/2022**.

Important information if you are electing a Flexible Spending Account (FSA): Your election is for an amount that will be divided among the remaining pay periods in 2022 and must be used by the end of the year through the 3/15/2023 grace period. After 12/09/2022, you may not elect an FSA for 2022.

Important information if you are electing a Health Savings Account (HSA): If your date of hire is December 1 or later, per IRS rules, you may not elect an HSA in 2022 but may instead elect an HSA for 2023 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, 2023. ***

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

- You want to elect an FSA for 2023 (FSAs must be re-elected yearly, you may only use a 2022 FSA until the end of the grace period on 3/15/2023).
- You want to change/enroll/waive benefits for the 2023 plan year, including adding or removing a dependent.
- You were hired in December and could not elect an HSA for 2022 due to IRS rules, and you want to elect an HSA for 2023.

1) Are you planning to enroll a dependent (spouse, domestic partner, child) in benefits in 2023 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. Your benefits-eligible contacts must be in Oracle before the proceeding steps can be taken.
- **No:** Continue to enrollment (#2).

2) Do you want to make a change, add a dependent or elect an FSA/HSA for 2023?

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 1/1/2023.

No: No action is required. Your 2022 new hire elections will carry forward into 2023 (reminder: FSA elections do not roll over automatically and must be re-elected).

Important Things to Remember:

- **FSAs 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 2022 FSA until the end of the grace period on 3/15/2023. If you would like an FSA for 2023, 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 2023, you do not need to complete an Open Enrollment 1751a Benefits Enrollment Form. Your New Hire elections will automatically roll over to 2023.
- **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 (12/26/2022-1/2/2023), you are encouraged to return the form before 12/14/2022.

Benefits Enrollment

Return completed form to LANL Benefits Office:
 Fax: 505-665-2156
 Email: benefits@lanl.gov

Open Enrollment 2023

Section I: Employee Information			
All fields on this form are required.			
Employee Name	Z Number	Date of Qualifying Life Event	Qualifying Life Events (select one):
Note: Insurance cards will be mailed to the address on file. If your address has changed, please email rr-desk@lanl.gov .			
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 . Indicate "No Change" if you do not wish to change your plan or "Waive" if you want to decline the coverage option.			
Medical			
Type of Action (you must choose from the following): Elect, Change, Add, or Drop Dependent Waive No Change Type of Enrollment (if enrolling, select only one): Employee Only Employee + Spouse/Domestic Partner (only) Employee + Family Employee + Children (only)		Blue Cross Blue Shield of New Mexico Medical Plan Options Plan Option (if enrolling, select only one): Preferred Provider Organization (PPO) High-Deductible Health Plan (HDHP) <i>Employees on a J-1 Visa must select PPO to meet coverage requirements.</i>	
Dental	Vision		
Type of Action (you must choose from the following): Elect, Change, Add, or Drop Dependent Waive No Change Type of Enrollment (if enrolling, select only one): Employee Only Employee + Spouse/Domestic Partner (only) Employee + Family Employee + Children (only)	Type of Action (you must choose from the following): Elect, Change, Add, or Drop Dependent Waive No Change Type of Enrollment (if enrolling, select only one): Employee Only Employee + Spouse/Domestic Partner (only) Employee + Family Employee + Children (only)		
Health Care Reimbursement Account (HCRA) <i>(Available only with PPO or waived medical coverage)</i>	Health Savings Account (HSA) <i>(Available only with HDHP medical coverage)</i>		
Type of Action (you must choose from the following): Elect/Change Waive No Change HCRA Annual Contribution Amount: /year <i>(2022 annual maximum: \$2,850)</i> <i>This plan requires you to re-elect this option every year per IRS rules.</i>	Type of Action (you must choose from the following): Elect/Change Waive No Change HSA Contribution Amount: /per pay period <i>(2023 contribution limits: individual \$3,850; family \$7,750)</i>		
Dependent Care Reimbursement Account (DCRA) Note: This account is used for eligible dependent daycare expenses.	Adoption Assistance Expense Account (AAEA)		
Type of Action (you must choose from the following): Elect/Change Waive No Change DCRA Annual Contribution Amount: /year <i>(2022 annual maximum: \$5,000)</i> <i>This plan requires you to re-elect this option every year per IRS rules.</i>	Type of Action (you must choose from the following): Elect/Change Waive No Change AAEA Annual Contribution Amount: /year <i>(2022 annual maximum: \$14,890)</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): Elect, Change, Add, or Drop Dependent Waive No Change		Type of Enrollment (if enrolling, select only one): Employee Only Employee + Spouse/Domestic Partner (only) Employee + Family 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.

Benefits Enrollment
(continued)

Employee Supplemental Life Insurance	Spouse Life Insurance
Note: Enrolling/increasing coverage may require Evidence of Insurability.	Note: Enrolling/increasing coverage may require Evidence of Insurability.
Type of Action (you must choose from the following): Elect/Change Waive No Change	Type of Action (you must choose from the following): Elect/Change Waive No Change
Level of Coverage (if enrolling, select only one): 1 Time Annual Salary 5 Times Annual Salary 2 Times Annual Salary 6 Times Annual Salary 3 Times Annual Salary 7 Times Annual Salary 4 Times Annual Salary 8 Times Annual Salary	Level of Coverage (if enrolling, select only one): \$ 25,000 \$ 50,000 \$ 75,000 \$100,000 \$125,000 \$150,000 \$175,000 \$200,000

Child Life Insurance	
Type of Action (you must choose from the following): Elect, Change, Add, or Drop Dependent Waive No Change	Level of Coverage (if enrolling, select only one): \$5,000 \$10,000 per child

Accidental Death and Dismemberment (AD&D)		
Type of Action (you must choose from the following): Elect, Change, Add, or Drop Dependent Waive No Change	Type of Enrollment (if enrolling, select only one): Employee Only Employee + 1 Employee + 2 or more	Level of Coverage (if enrolling, select only one): \$ 50,000 \$300,000 \$100,000 \$400,000 \$200,000 \$500,000

Section III: Eligible Family Member Actions

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

Action Code	Social Security Number* <small>*Not required for foreign nationals or newborns. Must provide if/when received.</small>	Name (Last, First, MI)	Gender	Date of Birth	Relationship Code	Eligibility documentation for each dependent is required. Is documentation attached?
						Yes No
						Yes No
						Yes No
						Yes No
						Yes No
						Yes No
						Yes No
						Yes 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 toward 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/date with a pen or stylus, or use an electronic signature with a date and timestamp included.)	Z Number
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