

FLEXIBLE BENEFIT ENROLLMENT CHANGE FORM

January 22, 2018

**Adult Dependent Losing Benefits**

*To minimize delays in processing your packet, and possible large deductions from your paycheck due to missed premiums please return all required forms along with required documentation by the due date enclosed.*

*If you do not return the forms and documentation that is required, no changes will be made to your benefits and you will have to wait until the next open enrollment period or another qualified status change event that allows you to add dependents and/or make changes.*

*You will receive a Benefits Confirmation at your home address once your benefit forms have been processed. If you have any questions, please do not hesitate to contact the **HR Service Center at 1-800-543-4654.***

**REQUIRED DOCUMENTATION**

Letter from your adult dependent(s) employer verifying date employment terminated or a HIPAA certificate verifying the date coverage terminated and names of whom were terminated or a letter from new job, confirming date of employment.

**AND**

A copy of your adult dependent's birth certificate naming the employee or spouse as the dependent's parent.

**IMPORTANT BENEFIT INFORMATION**

Due to the Affordable Care Act, **FirstEnergy will be required to have Social Security numbers** on file for dependents enrolled in FirstEnergy benefit plans.

The FirstRewards Website at [www.myfirstrewards.com](http://www.myfirstrewards.com) is a primary source of information about your health and other group benefits. You will find healthcare summaries and plan descriptions. You can also link directly to your healthcare providers from this site.

Please return your packet with required documentation by the due date on the form to the appropriate location below.

**If you work in OH return to this location:**

Attn: HRSC A-GO-7  
FirstEnergy Corp  
76 South Main Street  
Akron OH 44308  
or  
Interoffice Mail: HRSC, A-GO-7  
Fax #: 330-761-2314

**If you do not work in OH return to this location:**

Attn: HRSC R-REAP-51  
FirstEnergy Corp  
2800 Pottsville Pike  
P O Box 16001  
Reading PA 19612  
or  
Interoffice Mail: HRSC, R-REAP-51  
Fax #: 330-315-9220

**FLEXIBLE BENEFIT ENROLLMENT CHANGE FORM**

January 22, 2018

EMPLOYEE INFORMATION			
SAP NO.:	SOCIAL SECURITY NO.	HOME PHONE NO.	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
EMPLOYEE'S NAME: (Last, First, Middle Initial)			DATE OF BIRTH (MM, DD, YYYY)
EMPLOYEE'S ADDRESS:			

ADULT DEPENDENT LOSS COVERAGE	
Date Adult Dependent Loss Coverage:	
Effective Date Of Benefits:	1 <sup>st</sup> of the following month of the date the dependent loss coverage
Return By Due Date:	Within (31 days) from the date the dependent loss coverage

**REQUIRED DOCUMENTATION**

Letter from your adult dependent(s) employer verifying date employment terminated or a HIPAA certificate verifying the date coverage terminated and names of whom were terminated or a letter from new job, confirming date of employment.  
**AND**  
A copy of your adult dependent's birth certificate naming the employee or spouse as the dependent's parent.

**LIST DEPENDENT(S) INFORMATION BELOW**

Name of Dependent	Child (C)	Date of Birth	Social Security Number	Sex (F/M)	Disabled	<b><u>IMPORTANT</u></b> Your dependent will be <b>added</b> to plan(s) you check below:		
						Medical/Rx	Dental	Vision
	C							
	C							
	C							

**IMPORTANT BENEFIT INFORMATION**

Due to the Affordable Care Act, **FirstEnergy will be required to have Social Security numbers** on file for spouses and dependents enrolled in FirstEnergy benefit plans.

The FirstRewards Website at [www.myfirstrewards.com](http://www.myfirstrewards.com) is a primary source of information about your health and other group benefits. You will find healthcare summaries and plan descriptions. You can also link directly to your healthcare providers from this site.

**FLEXIBLE BENEFIT ENROLLMENT CHANGE FORM**

January 22, 2018

**FLEXIBLE SPENDING ACCOUNTS (WageWorks)**

**You may increase your Flexible Spending Accounts.** Please indicate your annual before-tax election amount(s) separately below. Annual election limits of \$26 minimum. Your annual election amount(s) will be deducted in equal amounts from your pay.

- HEALTH CARE FSA** - Annual before-tax election \_\_\_\_\_ (max. \$2,600 per family)
- No Change/Keep Same

**You cannot elect if enrolled in High Deductible Healthcare Plan (HDHP)**

- LIMITED FSA** - Annual before-tax election \_\_\_\_\_ (max. \$2,600 per family)
- No Change/Keep Same

**For HDHP plan participants only. Limited FSA can only be used for dental and vision services**

**SIGNATURE/AUTHORIZATION AND AGREEMENT**

**NOTICE TO ALL EMPLOYEES COMPLETING THIS FORM:**

It is fraudulent to fill out this form with information you know to be false, or to omit important information. Dismissal from employment, criminal and/or Civil penalties can result from such acts. By my signature below, I authorize the Company to deduct from my paycheck the amount required for the coverage that I have selected, if any. I also understand that, if I elect to opt-out of health care coverage and/or the Flexible Spending Account(s), I can only re-enroll during a future open enrollment period, unless I have a qualified status change. **The above is not a contract or guarantee of any kind. The benefits and programs described are subject to modification or termination by the company at any time and without notice.**

**PARTICIPANT SIGNATURE:**

**DATE SIGNED:**

If you **(Work in Ohio)** return to this location:

Attn: HRSC A-GO-7  
 FirstEnergy Corp  
 76 South Main Street  
 Akron OH 44398  
 or  
 Interoffice Mail: HRSC, A-GO-7  
 Fax #: 330-761-2314

If you **(Do Not Work In Ohio)** return to this location:

Attn: HRSC R-REAP-51  
 FirstEnergy Corp  
 2800 Pottsville Pike  
 P O Box 16001  
 Reading PA 19612  
 or  
 Interoffice Mail: HRSC, R-REAP-51  
 Fax #: 330-315-9220