

**Complete and return to Global People Services:**  
**Submit a case:** [jacobshr.servicenowservices.com/esc](https://jacobshr.servicenowservices.com/esc)  
**Email\*:** [JacobsHRUS.CAN@jacobs.com](mailto:JacobsHRUS.CAN@jacobs.com)  
 \* Only accepts emails from email addresses outside of Jacobs.

## When to use this form

- **When Employee Self Service is not available and you are submitting elections as a new hire, as a rehire beyond 30 days of your termination date, or for Open Enrollment.** (Keep in mind, however, that enrolling online is the fastest way to complete your elections. Log on to [selfservice.jacobs.com](https://selfservice.jacobs.com), click on "US myHRIS Employee Self Service," then click on "Jacobs Benefits.")
- **Requests for mid-year changes due to a Qualified Life Event.**
  - Changes may be limited based on the event.
  - All requests for mid-year changes due to a Qualified Life Event require documentation in support of the event.

## Enrollment tips

- Before completing this form, review benefit summaries, **deadline information**, documentation requirements and other related details provided in the benefits materials or posted on [benefits.jacobs.com](https://benefits.jacobs.com) and the Global People Services Knowledge Base.
- If you are covering dependents, review the dependent eligibility requirements prior to electing coverage. Gather information needed to complete their enrollment, including birth dates and social security numbers.
- Refer to the Employee Contribution Rate Sheet on Global People Services.
- Keep a copy of this form AND your transmittal information (email or case information).
- Review your paystub! Incorrect or missing premiums or contributions are usually the first sign of a problem with your coverage.

**It is your responsibility to ensure that your completed Benefits Enrollment/Change Form is received by Global People Services prior to the stated deadline for the event. Forms received after the deadline will not be accepted.**

## Dependent eligibility

If you request coverage for a dependent (spouse, domestic partner and/or children), you are certifying that the dependent(s) meet(s) the eligibility requirements per the [Dependent Eligibility Documentation Requirements](#) located at [benefits.jacobs.com](https://benefits.jacobs.com), for coverage and hereby agree to submit any documents upon request that may be required to prove the eligibility of each dependent. Documents may include but are not limited to marriage certificate, birth certificate, proof of domestic partner registration, etc. If we cannot confirm a dependent's eligibility, coverage for your dependent(s) will be cancelled.

Dependent category	Eligibility requirements
Spouse	A "marriage" means a legal union between two persons as recognized under the law of the applicable state or foreign government. The term "spouse" refers to the person to whom you (the employee) are legally married.
Domestic partner (DP)	A DP is a person of the opposite or same sex with whom you (the employee) share a common domestic life together but are not legally married.
Dependent child	A dependent child includes a natural child, stepchild, child of a DP, legally adopted child, child placed for adoption, a child or grandchild for whom legal guardianship has been awarded to you or your spouse and a child for whom health care coverage is required through a Qualified Medical Child Support Order or other court or administrative order. A dependent child is eligible until the end of the month in which the child reaches his/her 26th birthday.
Disabled dependent child	A dependent child (as defined above) who is continuously disabled from a cause originating prior to age 26. If the child is age 26 or older, the child must be claimed as your dependent for income tax purposes.



**IV. Benefit elections — Check the box in each section below for the benefit plans you want**

Health benefits (See your coverage details for rates and additional details on [benefits.jacobs.com](https://benefits.jacobs.com).)

**Medical plans**

	Employee only	Employee & spouse/DP	Employee & child(ren)	Employee & family	No change	Decline coverage
<b>UHC Choice Plus Value HDHP</b> or Out-of-Area Value plan if you live outside the UHC service area						
<b>UHC Choice Plus Enhanced HDHP</b> or Out-of-Area Enhanced plan if you live outside the UHC service area						
<b>UHC Choice Plus PPO</b> or Out-of-Area plan if you live outside the UHC service area						
<b>Kaiser HDHP</b> — available to employees in CA, CO, GA, HI, Mid-Atlantic (Washington DC, MD VA), Northwest (OR and WA) and WA (Seattle) areas only						
<b>Kaiser Hawaii</b> — available to employees in Hawaii						
<b>HMSA</b> — available to employees in Hawaii						

**Dental plans**

	Employee only	Employee & spouse/DP	Employee & child(ren)	Employee & family	No change	Decline coverage
<b>Delta Dental PPO — Enhanced plan</b>						
<b>Delta Dental PPO — Value plan</b>						

**Vision plan**

	Employee only	Employee & spouse/DP	Employee & child(ren)	Employee & family	No change	Decline coverage
<b>Vision Service Plan (VSP)</b>						

**Tax savings options**

Tax savings options	Permissible annual election amounts	Annual goal amount	Decline coverage
<b>Health Care FSA</b> (reimburses for eligible medical, prescription drug, dental and vision expenses) — <b>Note:</b> Not available if you elect to contribute to a health savings account for 2021	You may contribute \$100 to \$2,750	\$ _____ /yr.	
<b>Limited Purpose FSA</b> (reimburses for eligible dental and vision expenses only) — <b>Note:</b> Available if you enroll in an HDHP medical plan; not available if you elect to contribute to a Health Care FSA	You may contribute \$100 to \$2,750	\$ _____ /yr.	
<b>Dependent Care FSA</b> (reimburses for eligible child day care and/or elder care expenses only — does not reimburse for dependent health care expenses)	You may contribute \$100 to \$5,000	\$ _____ /yr.	

Tax savings options	Permissible annual election amounts	Election	
<b>Health savings account (HSA)*</b> Available if you enroll in the UHC Choice Plus Enhanced HDHP, UHC Out-of-Area Enhanced HDHP, UHC Choice Plus Value HDHP, UHC Out-of-Area Value HDHP or Kaiser HDHP (excludes Hawaii) and meet IRS requirements. Reimburses for eligible medical, prescription, dental and vision expenses for you and eligible dependents. <b>Note:</b> Not available if you enroll in the Health Care Flexible Spending Account.  By electing to participate to the health savings account (employer and/or employee contribution) and signing this enrollment form, I acknowledge that I meet the IRS requirements outlined in the Benefits Enrollment Guide posted at <a href="https://benefits.jacobs.com">benefits.jacobs.com</a> and authorize a health savings account to be open for me with Optum Bank. IRS requirements can be found at <a href="https://irs.gov/publications/p969">irs.gov/publications/p969</a> .	<b>HSA employer contribution*</b> If you enroll in the UHC Choice Plus Enhanced HDHP, UHC Out-of-Area Enhanced HDHP or Kaiser HDHP and meet IRS requirements, you may elect an employer contribution of \$500 for employee only coverage <b>or</b> \$1,000 for employee plus spouse or child(ren) <b>or</b> family.	I elect to receive employer contributions to the HSA. I decline employer contributions to the HSA.  <b>Active election required if you are enrolling for the first time.</b>	
	<b>Pre-tax election amounts</b>  <b>HSA employee contribution</b> <ul style="list-style-type: none"> <li>■ Maximum annual contribution for employee only is \$3,600 (includes the employer contribution).</li> <li>■ Maximum annual contribution for employee plus spouse or child(ren) <b>or</b> family is \$7,200 (includes the employer contribution).</li> <li>■ You may contribute an additional \$1,000 if you are age 55 or older.</li> </ul>	Annual goal amount \$ _____ /yr.	Decline coverage

\* Refer to the deposit schedule posted on [benefits.jacobs.com](https://benefits.jacobs.com) and on the Global People Services Knowledge Base.

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**Disability benefits**

**Company-paid short-term salary continuation/disability**

Covers up to 60% of base pay, up to a maximum weekly benefit of \$1,730.

<b>Supplemental short-term salary continuation</b>	<b>Elect coverage</b>	<b>No change</b>	<b>Decline coverage</b>
Provides additional employee-paid coverage that provides you with 66 <sup>2</sup> / <sub>3</sub> % of your base pay, up to a maximum weekly benefit of \$3,462. If you do not enroll when first eligible, you must provide Evidence of Insurability (EOI) at <a href="http://MyLincolnPortal.com">MyLincolnPortal.com</a> . Coverage is subject to carrier approval.			
<b>Long-term disability</b>	<b>Elect coverage</b>	<b>No change</b>	<b>Decline coverage</b>
Provides coverage of 66 <sup>2</sup> / <sub>3</sub> % of your base pay, up to a maximum monthly benefit of \$15,000 in the event a disability is longer than 180 days. Employee-paid. If you do not enroll when first eligible, you must provide Evidence of Insurability (EOI) at <a href="http://MyLincolnPortal.com">MyLincolnPortal.com</a> . Coverage is subject to carrier approval.			

**Life and accidental death & dismemberment insurance**

<b>Company-paid life insurance</b>	<b>Basic: 1 x annual base pay up to \$1,000,000</b>	<b>Basic optional: \$50,000 Only</b>	<b>No change</b>	
You will be taxed on the imputed income for coverage above \$50,000				
<b>Supplemental life insurance: Employee**</b>	<b>Coverage election limits (up to \$4,000,000)</b>	<b>New election</b>	<b>No change</b>	<b>Decline coverage</b>
Coverage in excess of 5 times your annual base salary or \$500,000 (whichever is less) or if you enroll after your initial eligibility date — submit an update using the Evidence of Insurability (EOI) form posted on <a href="http://benefits.jacobs.com">benefits.jacobs.com</a> and on the Global People Services Knowledge Base. Coverage is subject to carrier approval.	Purchase 1 times to 10 times your annual base salary	_____ Enter the number of times your salary you wish to purchase (1, 2, 5, etc.)		
<b>Supplemental life insurance: Spouse or domestic partner**</b>	<b>Coverage election limits (increments of \$10,000)</b>	<b>New election</b>	<b>No change</b>	<b>Decline coverage</b>
Coverage in excess of \$50,000 or if you enroll after your initial eligibility date, you must provide EOI. Coverage is subject to carrier approval.	Purchase multiples of \$10,000 up to \$300,000 (amount cannot exceed your combined basic and supplemental life insurance coverage).	\$ _____		
<b>Supplemental life insurance: Dependent child(ren)</b>	<b>Coverage election per child</b>		<b>No change</b>	<b>Decline coverage</b>
EOI is not required.	\$5,000	\$10,000	\$15,000	
<b>Voluntary accidental death and dismemberment (AD&amp;D) insurance**</b>	<b>Coverage election limits (up to \$4,000,000)</b>	<b>New election</b>	<b>No change</b>	<b>Decline coverage</b>
EOI is not required.	Employee only	Purchase 1 times to 10 times your annual base salary	_____ Enter the number of times your salary you wish to purchase (1, 2, 5, etc.)	
	Employee & family			

**\*\* Coverage age reduction:** Employee life and spouse/DP life insurance will be reduced to 65% of the requested amount at age 65 and to 50% of the requested amount at age 70.

*(continued)*

**Life and accidental death & dismemberment insurance (continued)**

**Beneficiary designations — Designate one or more individuals or trusts as the beneficiary(ies) for your life and accident insurance**  
 (Note, the employee is always the beneficiary for spouse/domestic partner or child(ren) supplemental life insurance)

Name (first, middle and last name)	Address (street, city, state and ZIP code)	Social Security no.	Relationship	Benefit %	No change
<b>Primary beneficiary(ies)</b>					
				<b>Total benefit % = 100%</b>	
<b>Contingent beneficiary(ies) — In case the primary beneficiary(ies) die on or before you do</b>					
				<b>Total benefit % = 100%</b>	

**V. Voluntary plans**

**Critical Illness Insurance**

Designed to coordinate with your medical plan that may provide a lump sum payment for certain health conditions to be used pay for costs not typically covered by other insurance. You must be enrolled in any medical plan. Medicare participants may not participant is this plan.	<b>Employee only</b>	<b>Employee &amp; spouse/DP</b>	<b>Employee &amp; child(ren)</b>	<b>Employee &amp; family</b>	<b>Decline coverage</b>
\$15,000 (coverage for spouse/DP and children is 50% of employee coverage)					
\$30,000 (coverage for spouse/DP and children is 50% of employee coverage)					

**Hyatt Legal Plan**

Provides legal/attorney services.	<b>Elect coverage</b>	<b>Decline coverage</b>

**ID theft protection**

Helps protect you and your family against identity theft.	<b>Employee only</b>	<b>Employee &amp; family</b>	<b>Decline coverage</b>

**VI. Other voluntary plans — Contact the carriers directly to enroll in the following plans**

Plan	Contact information
<b>Employee Stock Purchase Plan</b>	Fidelity at 1.800.544.9354 or go to <a href="http://netbenefits.fidelity.com">netbenefits.fidelity.com</a>
<b>TRICARE Supplement plan (retired military medical plan)</b>	Association & Society Insurance Corporation at 1.800.638.2610 ext. 7 or go to <a href="http://tricare-supplement.com">tricare-supplement.com</a>
<b>Commuter Benefit Program (parking &amp; transit)</b>	HealthEquity WageWorks at 1.877.924.3967 or go to <a href="http://getwageworks.com/commuter">getwageworks.com/commuter</a>
<b>Home/renters/auto insurance</b>	Mercer at 1.888.287.4822 or go to <a href="http://JacobsVoluntaryBenefits.com">JacobsVoluntaryBenefits.com</a>
<b>Pet insurance</b>	Mercer at 1.888.287.4822 or go to <a href="http://petinsurance.com/jacobs">petinsurance.com/jacobs</a>

## VII. Employee authorization

### Consent to payroll deductions

I authorize Jacobs to deduct from my paychecks amounts needed to cover the employee premiums relating to the Jacobs benefit programs in which I have elected to enroll/participate as shown in the Employee Contribution Rate Sheet. This authorization also includes the retroactive collection of any premiums and/or contributions should Jacobs not be able to fully deduct the authorized premiums and/or contributions from my paycheck when due. I acknowledge that I have reviewed the Employee Contribution Rate Sheet which is posted on [benefits.jacobs.com](http://benefits.jacobs.com) and/or included in my benefits enrollment materials. I understand that it is my responsibility to review my paycheck and verify that the amounts being deducted from my paycheck are accurate and that I should immediately submit a case at [jacobs.hr.servicenow.com/esc](http://jacobs.hr.servicenow.com/esc) if they are not accurate.

### Rollover of benefit elections and payroll deductions

I understand that my flexible spending account(s) and/or health savings account benefit elections and related paycheck deductions will not automatically rollover (carry over) to the next plan year but that I must re-elect such benefits each year. All other benefit elections and related paycheck deductions will automatically rollover (carry over) to the next year unless I change or cancel such benefits.

### Consent to final paycheck deductions

I authorize Jacobs to deduct any outstanding employee premiums and/or contributions relating to the Jacobs benefit programs in which I have elected to enroll/participate from my final paycheck at the time my employment with Jacobs terminates and agree to remit any balances not covered by my final paycheck.

### Consequences of misrepresentation

I certify that the information provided on this form is true and correct. I understand that any material omission or misrepresentation of any information or fact that I provide in connection with my enrollment in Jacobs benefit programs (including the failure to submit any documents that may be requested proving the eligibility of my dependents or submitting false or inaccurate documents) may be considered fraud or an intentional misrepresentation of material facts and may result in the following actions:

- Disciplinary action up to and including termination of employment
- Denial of benefits
- Retroactive cancellation of coverage to the date coverage became effective
- Recovery of any claims paid on behalf of an ineligible or cancelled person
- Continuation of premiums for a cancelled dependent for the remainder of the calendar year (pursuant to Internal Revenue Code Section 125)
- Repayment of medical or other premiums paid by Jacobs on behalf of an ineligible or cancelled person

**SIGN HERE**

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_