

# 2019 Open Enrollment Employee Worksheet

## Medical Benefits

- Plan Type: \_\_\_\_\_
- Plan Coverage (single/family): \_\_\_\_\_
- Plan cost: \_\_\_\_\_

## Flex Spending

- HSA \_\_\_\_\_
- HRA \_\_\_\_\_
- FSA \_\_\_\_\_
- DCA \_\_\_\_\_

Notes:

---

---

---

## Prescription Benefits

Notes: \_\_\_\_\_

---

---

## Vision Benefits

Notes: \_\_\_\_\_

---

---

## Dental Benefits

- Plan coverage (single/family): \_\_\_\_\_
- Plan cost: \_\_\_\_\_

Notes:

---

---

## Ancillary Benefits

- Free Basic Life: \_\_\_\_\_
- Dependent Life: \_\_\_\_\_
- Voluntary Life/Spouse/ Dependent Coverage: (calculate your deduction)
  
- Voluntary Short Term Disability: (calculate your deduction)
  
- Voluntary Long Term Disability: (calculate your deduction)
  
- New York State Disability:
  
- New York State Paid Family Leave (PFL): (calculate your deduction)
  
- Retirement Savings: (estimate your contributions)
  
- Education Savings-529 Plan: (estimate your deductions)
  
- Tuition Reimbursement:
  
- Auto/Homeowners Insurance: (estimate your deduction)
  
- TRC Membership/United Way: (estimate your deduction)