



UNS Energy Corporation
A Fortis Company

BENEFITS ENROLLMENT CHECKLIST

Below is a checklist of forms and required items to ensure timely enrollment in Benefits. These must be returned within 30 days of your start date or your benefit elections will default based on your employee classification. Comprehensive Benefit Plan information can be found on our [UNS Benefits site](#). Once you are ready to submit your elections, please upload your required documentation and forms to this secure link: [Benefits Secure Upload](#). Please know that enrollment cannot be finalized until all required documentation is received. Please contact EmployeeServices@tep.com with any questions.

MEDICAL/DENTAL/VISION PLANS

- Review Benefit Plan options to select the desired coverage:
 - o Medical: [PPOA, PPOB, HDHP, or Waive](#).
 - o Dental: [PPO, EDS, or Waive](#).
 - o Vision: [VSP or Waive](#).
- Review the [Benefit Guide](#) specific to your employee classification for additional information about the coverage available to you and how to determine which dependents may be eligible for coverage.
- Determine who will be covered under each plan: Employee Only, Employee & Spouse, Employee & Child(ren), Employee & Family
- Gather **required documentation** for those covered under any plan:
 - o Enrolling spouse: copies of your marriage license, and your spouse's social security card.
 - o Enrolling eligible child(ren): copies of your dependents' birth certificates, and social security cards.
- Circle the corresponding plan option and coverage level for each benefit. **(Your Benefits Enrollment Form was provided to you in your Welcome email with New Hire Orientation information).**

LIFE, SPOUSE LIFE, CHILD LIFE, LONG TERM DISABILITY, CRITICAL ILLNESS, ACCIDENT PLANS

- Review [Plan options](#) to determine coverage or refer to the appropriate [Benefits Guide](#).
- Some Employee Life Plan Options with higher coverage amounts may require additional information to determine eligibility for enrollment. Please refer to eligibility requirements located in the [Benefits Guide](#).
- If you elect a Life Plan Option with a higher coverage amount, [request](#) the appropriate form to provide evidence of insurability prior to submitting your elections. If evidence of insurability is not received with your benefit elections, the highest allowable amount will be selected for you.
- Spouse life coverage cannot exceed the amount of employee life coverage. Evidence of insurability may be required if you newly enroll or increase coverage over \$50,000. [Request](#) the appropriate form to provide evidence of insurability.
- Circle the corresponding plan option and coverage level for each benefit.

FLEXIBLE SPENDING ACCOUNTS & HEALTH SAVINGS ACCOUNT (FOR HDHP)

- Review plan options to select desired coverage:
 - [Flex Spending Health Care, Limited Flexible Spending, or Waive.](#)
 - [Flexible Spending Dependent Care or Waive.](#)
 - [Health Savings Account \(for HDHP\)](#)
 - [Benefit Guides](#)
- Determine the **total annual** amount you would like to contribute to each flexible spending account. If you know the amount you would like taken out each paycheck, multiply that by the number of paychecks you will receive for the remainder of the year. (*See: payroll calendar received at new hire orientation*)
- Circle the corresponding plan option and write in the **total annual** amount you would like to contribute to each account selected.
- Reminder: these elections must be renewed during Open Enrollment to continue contributions for the following year, otherwise, they will cease at the end of the current year.

OTHER BENEFIT DOCUMENTS (PROVIDED DURING BENEFITS ORIENTATION)

- Determine if you need to inform UNS of any prior contributions made to a 401k this calendar year to avoid tax penalties. Complete the [401k prior contribution form](#) if necessary.
- Ensure that your eligible elected benefits can be passed on to a designated beneficiary by completing the [beneficiary form](#). Note: determine if your form must be notarized based on who has been designated (additional information located at the bottom of the form).

SUBMITTING ENROLLMENT

- Confirm all benefit elections have been made and that the enrollment form is signed and dated.
- If you have completed the beneficiary form, confirm that it is signed and dated on the participant signature line on page 2.
- If you are not electing a benefit that is offered, please circle “waive” in that section to avoid default enrollment in coverage.
- Ensure all [required documentation](#) based on plan elections and coverage has been gathered.
- Upload your required documentation and forms to this secure link: [Benefits Secure Upload](#).
 - TIP: Use a mobile phone to scan and upload documents.