



Open Enrollment for 2011

Open Enrollment Time

The open enrollment period runs **through November 30, 2010**, for changes effective January 1, 2011. Changes received in the Benefits Department at Robert Street after November 30, 2010 may not be processed.

If you are currently enrolled in medical and dental for 2010, and do not wish to change, you do not have to do anything. Your elections will remain the same as they were for last year.

If you currently waive coverage, see "What do I need to do" (below).

Please read this entire packet.

Open Enrollment is your opportunity to make desired changes to your coverage elections. Mid-year changes to medical, dental, vision or flex plans are only allowed after a qualified change in status (i.e. birth of a child, marriage, divorce, etc) and must be requested within

31 days of the event.

Verification of eligibility is required when adding dependents to your coverage. See the back of the open enrollment form to determine what documentation will be required.

*Supplemental and dependent term and universal life can be increased or decreased at any time during the year. Adding life insurance coverage for you or a dependent, or increases in coverage all require proof of good health.

What Can I Change?

Medical and Vision Plans:

Change from one health plan to another; Add or drop dependents; Enroll or discontinue coverage

Dental Plan: Add or drop dependents;

Enroll or discontinue coverage.

Spouse/Child Term Life: Enroll or discontinue coverage.

Employee Supplemental Life Insurance or Group Universal Life Insurance (if applicable):

Enroll or discontinue coverage; Change the amount of coverage.

Flex (FSA) Plans:

Enroll in Health, Dependent Care or Parking (if applicable) FSA Plan(s).

What Do I Need to Do?

New This Year: If you currently waive medical coverage and wish to continue to do so, you must complete an enrollment form confirming your decision to waive. If you do not return a form, you will be enrolled in the Distinctions III medical plan with single coverage per the new HealthCare Reform rules.

If you do **not** want to change your benefits for 2011, do not

currently waive your medical coverage, and do not wish to enroll in a flex plan for 2011:

No further action is required.

If you **do** want to make a change, continue to waive coverage, or enroll in a flex (FSA) plan then:

Complete the Medical / Dental, Vision, Flex or Life Insurance Form(s) for 2011. Medical, Dental, Vision and Flex (FSA) Forms are included in this packet. Life

insurance forms are in the union specific resource packet.

Return forms to Human Resources - Benefits Department, Robert Street Building- St. Paul, by **November 30, 2010**

Regardless of whether you wish to change your plans at this time, please read this entire newsletter, it contains important information.

Special points of interest:

- > Forms due back at Robert Street by November 30, 2010
- > Contact information is on back cover
- > New this year: If you want to waive coverage for 2011, you **MUST** complete an enrollment form
- > Flex- same administrator, new functionality
- > Medical/Dental, Vision and Flex (FSA) Open Enrollment forms are in this packet.

Inside this packet:

Open enrollment meetings expanded	2
Dependent coverage to age 26	2
Employee Self Service	2
Your Medical Benefit Plans May Be Changing	3
New Benefits websites	3
Vision Plans	3
Flex (FSA) Plans	4
Controlling Medical Costs	5
HealthPartners Websites	5
Life Insurance	6
SEI Discounts	6
Open Enrollment Schedule	7-8
Enrollment Forms	9-14

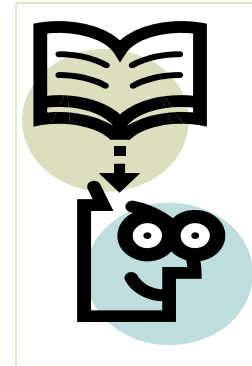
Open Enrollments Meetings Have Been Expanded- Even MORE Information!

This year's open enrollment includes more than the traditional meetings with our health vendors. Several benefit presentations will be held to give in-depth information on your medical plan options. Fit For Life will be offering flu shots, health screenings which include glucose and cholesterol levels, blood pressure checks, height, weight and body mass index (BMI). Safety will be joining us again this year with safety information, and hearing tests at transit locations.

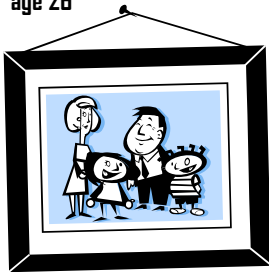
See the entire schedule of benefit and health fairs and plan presentations on pages 7-8 of this newsletter.

Resource Packets

Detailed medical, dental, vision, flex and life insurance information and rates are in a separate "Resource Packet". There are packets for each union and the non-represented group. All packets will be available at your worksite.



"Starting in 2011, you can now cover dependents up to age 26"



Dependent Coverage to Age 26

Effective January 1, 2011, employees may now cover dependent children up to age 26 on your medical and dental policies, even if they are not a student, not financially dependent on you, or not living with you. You may even cover them if they are married -their spouse, however,

is not eligible for coverage under this plan. As long the child is your natural or legally adopted child, they are eligible for coverage on this plan. Coverage ends on the last day of the month in which they turn 26.

If enrolling a dependent child on

to your medical or dental plan, you must include a copy of their birth certificate or adoption papers with the enrollment form.

Vision and Life insurance coverage not included in this change.

Employee Self Service

Have you ever received your open enrollment packet, looked at the medical plan options, and wondered what you have now? Or maybe you found your health FSA election for the year worked out really well for you, but how much was that again? You know you received a benefit confirmation at the very beginning of the year, but who knows where it is now?

Employee Self Service is a PeopleSoft application that allows employees to view, print, and update personal information online. The application can be accessed 24/7 from any location that has an internet web browser (i.e. Internet Explorer).

If you are using a Metropolitan Council Computer, log on to pspess. Outside Metropolitan Council (from home, library, smart-phone), log on to <http://pspess.metc.state.mn.us>

Make sure your pop-up blocker is turned off (on browser toolbar: Tools>Pop-up Blocker> Turn Off Pop-Up Blocker). Your user name is your employee id number. If you've never logged on before, your temporary password is as follows:
Position #1- ! (exclamation point)
Position #2-5= Add 7 to the last 4 digits of your social security number (for example, 4742 + 7= 4749)
Position #6= * (asterisk)
Position #7-8= subtract 5 from the last two digits of your birth year (for example 62-5+57)

In the examples above, your temporary password would be !4719*57.

Once you successfully login using your temporary password, you will be required to change your password and can use something easier to remember.

Please also set up your "forgot password" functionality, by clicking on the "my system profile" on the left menu.

Once signed into employee self service, you will be able to update your personal information (such as address, phone number, email address, emergency contact), view and print out your paycheck and W-2 information, update your direct deposit information, and view your current benefits summary. The benefits summary contains information on all benefits you are enrolled in, from medical and dental, to Flex and life insurance (with election amounts).

If you have any problems using Employee Self Service, email ESS.HRIS@metc.state.mn.us.

Your Medical Benefit Plans May Be Changing

The benefits of the Open Access, Distinctions III and Empower HRA health plans are changing in 2011 for MANA, Machinists, Police Administration and Command (LELS), and the non-represented group. Police Administration and Command will also no longer offer the Open

Access plan.

The benefit changes were made in agreement with your union to help control the 2011 overall premium increase, and in many cases, to control the employee premium increase for 2011.

The new benefit schedules are in your resource packet. Be sure to review them carefully, and compare all your plan options. Questions about the changes can be directed to the Benefits unit by calling 651-602-1601 or bring your questions to open enrollment meetings.



New Benefits Websites

The Benefits Department is launching new websites that contain benefit information, forms, links to vendor websites, contact information, and eventually, even presentations and videos to help you obtain and understand all the benefits available to you through Metropolitan Council. There are separate websites for each union and the non-represented groups, so we can tailor the benefit information specifically to you.

You can obtain information from anywhere you have access to the internet (work, home, the

library), and share the information with your family members.

You will also be able to enter your email address on the website, so the Metropolitan Council Benefits Department can communicate changes and send you newsletters and important benefit and wellness information.

The website address is on the cover of your resource packet.

Vision Plan through VSP

The Metropolitan Council vision plan is completely voluntary and fully employee paid (post tax).

Employees can choose from two plans, the Basic plan and the Buy Up plan. Both plans have the same benefits, but with the Basic plan, VSP allows frames/lenses or contact lenses once every other calendar year, while the Buy-Up plan allows for frames/lenses or contact lenses every calendar year. There are four tiers of premiums so you can choose the coverage level that is right for you and your family.

VSP Provider Plan Benefits

When you use a VSP provider, you pay a \$10 copay for a vision exam; \$10 copay for single vision, lined bifocal or lined trifocal lenses; and a \$10 copay for frames (up to a \$130 allowance). Only one copay applies to lenses and frames when purchased together. Elective contact lenses have no copay,

up to a \$150 allowance, in lieu of lenses and frames.

Additional VSP Doctor Discounts:

Glasses and Sunglasses-

- Average 30% savings on lens options like progressive and scratch-resistant and anti-reflective coatings
- 20% off additional glasses and sunglasses (from VSP doctor within 1 year of your last eye exam)

Contacts

- 15% off cost of contact lens exam (fitting and evaluation)

Laser Vision Correction:

- Average 15% off the regular price or 5% off the promotional price from contracted facilities.
- After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor.

See your resource packet for Non-VSP Provider Plan Benefits and a Question and Answer sheet.

Base Plan Premiums

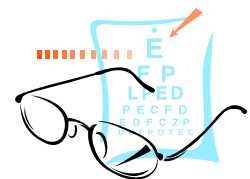
(exam every calendar year, frames/lenses or contact lenses once every other calendar year)

Employee only \$6.72 per month
 Employee + Spouse \$13.46 per month
 Employee + Children \$14.40 per month
 Family \$23.00 per month

Buy Up Plan Premiums

(exam, frames/lenses or contact lenses once every calendar year)

Employee only \$9.98 per month
 Employee + Spouse \$19.94 per month
 Employee + Children \$21.56 per month
 Family \$34.44 per month



Flex (FSA) Plans

The Metropolitan Council flexible spending account (FSA) allows an employee to set aside a portion of their earnings to pay for qualified health, dependent care and parking expenses. Money deducted from an employee's pay into an FSA is not subject to payroll taxes, resulting in payroll tax savings.

New This Year

Acclaim Benefits merged with Total Administrative Services Corporation (TASC) in June 2009. On January 1, 2011, we will move to the TASC "platform", which will allow additional functionality, such as online claims submission from a new web portal, webinars and online tutorials. You will receive 1 new debit card with the TASC logo on it, and will be able to request 1 additional card at no cost. Additional informational materials will be sent from TASC. If you register your cell phone number with TASC, you can text them for your flex balance from wherever you are.

"Get your Health FSA balance at any time (even while standing in line at the pharmacy) via text"

Health FSA

The Metropolitan Council health flexible spending account is used to pay for health expenses not paid for by insurance, such as deductibles, copayments, and coinsurance for the employee's health plan, also such expenses as dental and vision expenses. All items must be intended to treat or prevent a specific medical condition. Generally, allowable items are the same as those allowable for the medical tax deduction, as outlined in IRS publication 502. Effective January 1, 2011, under new healthcare guidelines, Over-the-Counter (OTC) medicines or drugs will be ineligible for reimbursement under health FSA plans, unless you have a doctors prescription. The health care FSA is federally capped at \$5,000 per year. Our FSA administrator offers enrollees a debit card to pay for their FSA-eligible expenses at the point of sale. Pharmacies and grocery stores who choose to accept the debit card as payment must disallow transactions at point of sale if the participant attempts to pay for items that are not eligible under an FSA. Per Federal regulations, Acclaim/TASC will still require enrollees to provide itemized receipts for all expenses charged to the debit card, except when an individual uses the debit card at pharmacy or grocery store that complies with the above procedure or when the amount charged to the debit card is a multiple of a co-pay of the employee's group health insurance plan. Medical FSAs are "pre-funded",

meaning employees can receive reimbursement for the full amount of the annual contribution on day one.

To participate in the health FSA, you will make an *annual*, irrevocable election during the open enrollment. Choose your health FSA election carefully, any money that is left unspent at the end of the coverage period is forfeited.

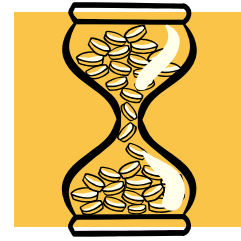
Dependent Care FSA

Metropolitan Council has also established a dependent care FSA to pay for certain expenses to care for dependents that live with you while you are at work. This generally includes child care for children under the age of 13. It cannot be used for summer camps (other than "day camps"). The dependent care FSA is federally capped at \$5,000 per year. Unlike medical FSAs, dependent care FSAs are not "pre-funded"; employees cannot receive reimbursement for the full amount of the annual contribution on day one. Employees can only be reimbursed up to the amount they have had deducted during that plan year.

To participate in the dependent care FSA, you will make an *annual*, irrevocable election during the open enrollment proceeding the next plan year. Choose your dependent care FSA election carefully, any money that is left unspent at the end of the coverage period is forfeited.

Parking FSA

The Metropolitan Council parking FSA plan allows you to pay for your eligible parking expenses on a pre-tax basis, thereby reduc-



ing your taxable income. Eligible expenses are parking expenses you incur while at work. Since the Robert Street employees are the only ones who incur unreimbursed parking expenses for work, they are the only employees offered the parking FSA plan.

This plan is regulated under Internal Revenue Code Section 132(f). The Code sets monthly maximums for reimbursement. Parking expenses cannot exceed \$230 each month.

To participate in the Plan, you will make an election that will *renew automatically each calendar year*. This election authorizes us to deduct your election amount from your paycheck. If you wish to change your election, you may only do so each calendar quarter. If you no longer wish to participate in the plan, you may revoke your election effective the first day of the next calendar quarter after processing of the request. In order to be effective as of the first day of the next calendar quarter, you must submit your Change Form by the 15th day of the month preceding the effective date of the change. Unlike the health and dependent care FSA's, any money that is left unspent from the parking account at the end of the coverage period is carried over into the following year.

Controlling Medical Costs

The following are practical steps consumers can take to cut their out-of-pocket health care costs.

Get a checkup. Getting an annual physical provides an opportunity to diagnose and treat conditions, often before symptoms of those conditions are evident. So pay your good doctor a visit at least once a year even if you are feeling perfectly healthy – they can help make sure you stay that way. All the Metropolitan Council medical plans offer 100% coverage on in-network preventive care. Potential savings: unlimited.

Get a flu shot. According to a study published in the September 2008 issue of *Pediatrics*, over 2000 hospitalizations and up to 650,000 outpatient visits are due to the flu and could be prevented if everyone who needed one got a flu shot. Potential savings on out of pocket copays, coinsurance or deductible: \$75 to \$200. Get your flu shot at

Open Enrollment– see the schedule on pages 7-8 of this newsletter.

Ask about generic drugs. Generic drugs have the same active ingredients, strength, dosage and quality as the brand version, but they can cost a lot less. Average savings for generic drugs: \$25 to \$150.

Use the Web to find lower cost prescriptions. HealthPartners provides you with the prices of prescription drugs at various pharmacies near your home. The difference in costs between different pharmacies for the same drug can be astounding. For example, in a search performed in July 2010, a *30 day* supply of the generic heartburn medication, omeprazole, was \$20.05 at one pharmacy, but the same medication was \$14.94 for a *90 day* supply at another pharmacy. To use the drug cost calculator and pharmacy search,

log on to your HealthPartners account and go to www.healthpartners.com/pharmacy.

Review your Explanations of Benefits. Explanations of Benefits aren't bills but rather a verification that you've received service and that HealthPartners has been charged by a provider for the service. Review your EOB carefully to make sure you've been billed correctly. If you find an error in your EOB, contact HealthPartners Member Services at (952) 883-5000.

Get prescriptions by mail order. Through HealthPartners Mail Order pharmacy, you can order up to three months prescription for 2 copays on our Distinctions III and Open Access plans, and it saves you a trip to the pharmacy. Average savings: one-third of your co-payment.



Flu Shots can help prevent outpatient visits and inpatient stays

Split pills. Some medications, like those for high cholesterol, can be prescribed in a higher dosage, than safely be cut in half. You'll pay for a 30 day prescription, but receive a 60-day supply. Savings: one-half of your drug copayment. Go to healthpartners.com/portal/3116.html for more information.

Use e-care or telephone visits. Some clinics, including HealthPartners Clinics, offer e-visits and phone visits, which can save you time and gas money. Go to www.healthpartners.com/files/32544.pdf for more information.

HealthPartners Website– Information at your fingertips

Did you know that you can do more on the HealthPartners website (www.healthpartners.com/metropolitancouncil) than just find a doctor in your network? You can do much more, such as:

- See your medical and dental benefits
- View medical and dental claims and account information
- Go Green by signing up to view your Explanation of Benefits (EOB's) online
- Compare costs of health care services
- Refill prescriptions from a HealthPartners pharmacy
- Make appointments at a HealthPartners clinic
- Order a new member ID card
- Get help from a Virtual Coach
- Check to see if your medication is covered on the HealthPartners formulary
- View the online health information library
- Check drug interactions
- View preventive care guidelines
- View medical and dental procedure costs
- Create a health diary to track your weight, blood pressure, blood sugar; keep a medical history of allergies, immunizations and prescriptions and keep a personal health record
- Get details on the Frequent fitness program
- Search for doctors and dentists by name, clinic name, specialty, language, gender, hours of business, parking, wait times and more

The HealthPartners website a fantastic tool and available for your use when you are a member of a HealthPartners medical or dental plan. If it's your first time on the website you will need to create a username, password, and security question. An activation code will then be mailed to you. This process assures that your medical information and claims data is secure and accessed only by you.

Life Insurance

Basic Life

Basic Life Insurance is life insurance coverage that is paid for by Metropolitan Council. The amount of coverage varies by union contract or non-represented plan. You are automatically enrolled for this coverage.

Supplemental Life

Employee Supplemental Life insurance is an optional, employee paid benefit you may purchase. To enroll or increase the amount of this benefit, you must complete a Life Insurance Coverage Change Form, as well as a Group Life Insurance Health Questionnaire. Determination of coverage is made by Minnesota Life underwriters. Rates are based on age and amount of coverage. The maximum amount you can purchase varies by union contract or non-represented plan.

Dependent Life Insurance

Eligible employees can purchase supplemental life for their spouse and dependent children up to the maximum benefit negotiated by your union group or the non-represented plan. For most union contracts, and the non-represented plan,

this is a fully employee paid benefit, and rates are either based on a package price, or on the age and amount of coverage.

Coverage after Termination of Employment

Coverage on all three of the above life insurance products ends when you leave active employment with Metropolitan Council (either terminate employment or retire). You do have the option of continuing the coverage under COBRA, and/or converting this group policy to an individual policy (referred to as "conversion") with Minnesota Life. Conversion costs and individual policy rates are different, and generally higher, than the Metropolitan Council group rates.

Beneficiary Changes

Minnesota Life manages of your group life insurance beneficiary. Minnesota Life provides a secure web site for electing, storing, and updating your life insurance beneficiary designations. This secure online service protects the privacy of your information while making sure beneficiary information is available when it's needed.

Group Universal Life Insurance through Principal

Group Universal Life Insurance is an optional, employee paid benefit you may purchase. This coverage is portable, meaning you may continue the coverage after you no longer are employed by Metropolitan Council. This coverage also builds cash value and is interest bearing.

To enroll or increase the amount of this benefit, you must complete a Principal Life Insurance Company Request for Payroll Deduct Group Universal Life Insurance application, as well as a Statement of Health, Policyholder Rights Notice, and Payroll Deduction Authorization. Determination of coverage is made by Principal Life Insurance underwriters. Rates are based on age, amount of coverage, and nicotine use. Coverage is currently available for those in the non-represented plan, AFSCME, MANA, Local 35, Machinists, TMSA, and Teamsters unions.

For further information on all life insurance options, see your resource packet.



SEI Discounts

Metropolitan Council employees are offered membership in SEI. SEI is a non-profit organization for state employees which offers members discount on various functions and purchases.

By being an SEI member, you are eligible to take advantage of the discounts from SEI, MERSC

(Minnesota Employee Recreation & Services Council) and NERSA/ESM (Employee Services Management). Discount information is only available online at www.mnsei.com.

Membership is \$4.00, and is good for one year from date of purchase. You may purchase a

membership at any time during the year. If you are interesting in participating in this discount program, please come see a Benefits representative at the benefit fairs (schedule is attached), or check the SEI link on CouncilInfo or your benefits website.

Open Enrollment/ Presentation Schedule

Location	Services	Date	Time	Room	Presentation Times
Empire	Flu shots; Health Screenings	10/20/10	7:00 am-8:30 am	Operations Building	none
South Garage	Health Fair; Open Enrollment meetings; Presentations; Flu shots; Health Screenings	10/26/10	8:00 am-11:30 am 1:00 pm-5:00 pm Flu shots/Health Screenings: 8:00-11:00 am; 1:00-4:00 pm	Drivers Room	Training Room: 8:30-9:15 am 10:00-10:45 am 1:30-2:15 pm 3:30-4:15 pm
Nicollet Garage	Open Enrollment Meetings Flu Shots; Health Screening	10/27/10	1:00 -3:00 pm 11:00am-3:00 pm	Lunchroom	none
East Metro Garage	Health Fair; Open Enrollment meetings; Presentations; Flu shots; Health Screenings	10/28/10	5:00-10:00 am 1:30-5:00 pm Flu Shots/Health Screenings: 8:00-10:30 am 2:00-4:00 pm	Drivers room	Training Room: 5:30-6:15 am 7:30-8:15 am 9:00-9:45 am 2:00-2:45 pm 4:00-4:45 pm
Overhaul Base	Open Enrollment Meetings Flu Shots; Health Screening	10/29/10	7:30-9:30 am Flu Shots/Health Screenings: 7:30-10:00 am	Training room	none
Light Rail/Transit Police	Open Enrollment Meetings Flu Shots; Health Screening	10/29/10	10:30 am-1:00 pm Flu Shots/ Health Screenings 10:30 am-1:00 pm	Light Rail 2nd floor training and conference room	none
Metro Plant	Health Fair; Open Enrollment meetings; Presentations; Flu shots; Health Screenings	11/1/10	7:00-11:30 am 1:00-3:00 pm Flu Shots/Health Screenings: 7:00 am- 1:00 pm	Admin Room 1A	Admin Room 1B 7:30-8:15 am 9:30-10:15 am 1:00-1:45 pm 2:00-2:45 pm
Heywood Garage	Health Fair; Open Enrollment meetings; Presentations; Flu shots; Health Screenings	11/2/10	5:00-11:30 am Flu Shots/ Health Screenings: 7:45-9:45 am 2:00-4:00 pm	Garage break room	Upstairs Training Room 5:30-6:15 am 7:30-8:15 am 9:30-10:15 am
Heywood Office	Health Fair; Open Enrollment meetings; Presentations; Flu shots; Health Screenings	11/2/00	1:00-5:00 pm Flu shots/Health Screenings: 10:30 am-1:30 pm	Chambers	Conference Room 4 1:30-2:15 pm Conference Room 3 3:00-3:45 pm 4:15-5:00 pm

Schedule Continued on Next Page

Open Enrollment/ Presentation Schedule- Continued

Location	Services	Date	Time	Room	Presentation Times
MJR Garage	Open Enrollment Meetings Flu Shots; Health Screening	11/3/00	7:00-9:30 am 2:00-4:00 am Flu Shots/Health Screenings: 7:00-9:30 am; 2:00-4:00 pm	Lunchroom	none
Robert Street	Health Fair; Open Enrollment meetings; Presentations; Flu shots; Health Screenings	11/4/10	10:00 am-noon 1:00-4:00 pm Flu Shots/Health Screenings: 10:00 am-3:00 pm	Room LLB; LLB Lobby	Chambers 10:30-11:15 am 1:30-2:15 pm 3:00-3:45 pm
Seneca Plant	Open Enrollment Meetings Flu Shots; Health Screening	11/9/10	7:30-9:00 am Flu Shots/Health Screenings: 7:00 -9:30 am	Video Conference Room	none
Central Corridor	Open Enrollment Meetings Flu Shots; Health Screening	11/9/10	10:00-noon Flu Shots/Health Screenings: 1:00 -3:00 pm	Lunch Room	none
Metro 94	Open Enrollment Meetings Flu Shots; Health Screening	11/9/10	1:30-3:30 pm Flu Shots/Health Screenings: 1:00 -3:30 pm	North and South Conference Rooms	none
Blue Lake	Flu Shots; Health Screening	11/10/10	Flu Shots/Health Screenings: 6:00-8:00 am	Lunch Room	none
Northstar Big Lake	Open Enrollment Meetings Flu Shots; Health Screening	11/10/10	Noon-2:00 pm Flu Shots/Health Screenings: Noon-2:00 pm	Lunch Room	none
Eagle Point	Flu Shots; Health Screening	11/12/10	Flu Shots/Health Screenings: 11:00-Noon	Lobby	none
Regional Maintenance Facility	Open Enrollment Meetings Flu Shots; Health Screening	11/18/10	6:30-8:30 am Flu Shots/Health Screenings: 6:30-9:30 am	Conference Room	none

COMPLETE THIS FORM IF YOU WANT TO MAKE CHANGES TO YOUR MEDICAL OR DENTAL COVERAGE, OR CONTINUE TO WAIVE COVERAGE. If you are currently enrolled and do not wish to make changes, do **NOT** complete this form. If you currently waive coverage, and do not complete this form to reaffirm your decision to waive, you will be enrolled in single Distinctions plan coverage. Completed forms **MUST** be returned to the Benefits Department by **November 30, 2010**.

EMPLOYEE INFORMATION		CIRCLE UNIT: ES- 2254 RA-11854 MT- 3386	
Name: _____	Employee ID #: _____	Address: _____	Date Of Birth: _____
City, State, Zip: _____	Social Security #: ____-____-____		

COVERAGE ELECTIONS - If you wish to make a change or maintain waiving coverage, check your election:

Medical Coverage Check this box if want to keep your current medical election

<p>Step 1- Choose a Plan:</p> <input type="checkbox"/> HealthPartners Open Access Plan (not available for Police Admin & Command- LELS) <input type="checkbox"/> HealthPartners Empower HRA <input type="checkbox"/> HealthPartners Distinctions Plan <input type="checkbox"/> Waive medical (skip step 2)	<p>Step 2 - Choose a coverage level:</p> <input type="checkbox"/> Single - if you currently have family coverage, all dependent coverage will be cancelled; do not complete "dependent data" below <input type="checkbox"/> Family - complete "dependent data" below
--	--

Dental Coverage Check this box if want to keep your current dental election

<p>Step 1- Elect Coverage:</p> <input type="checkbox"/> HealthPartners Dental Distinctions Plan <input type="checkbox"/> Waive dental (skip step 2)	<p>Step 2 - Choose a coverage level:</p> <input type="checkbox"/> Single - if you currently have family coverage, all dependent coverage will be cancelled; do not complete "dependent data" below <input type="checkbox"/> Family - complete "dependent data" below
---	--

DEPENDENT DATA- ADD OR DROP ONLY Complete for each dependent whose coverage you want to add or drop, include their mailing address, if different from yours; attach a separate sheet if needed. Do not complete this section if you are changing from family to single coverage. **NOTE: If you are adding dependents, you must attach proof of eligibility (see reverse side of this form). If you do not include this documentation, dependents will not be added.**

Last Name (only if different)	First Name	MI	Relation-ship	Date of Birth MM/DD/YY	Sex	Social Security Number	Indicate Add (A) or Drop (D)	Add or drop Dental (D) or Medical (M)
			Spouse		M / F		A / D	D / M
					M / F		A / D	D / M
					M / F		A / D	D / M
					M / F		A / D	D / M

COORDINATION OF BENEFITS: Do dependents have other insurance coverage? No Yes

If yes, name of carrier: _____ Name(s) of dependents covered under the other policy: _____

EMPLOYEE SIGNATURE I certify that the information and documentation provided are true and correct to the best of my knowledge and belief. I understand that if I provide fraudulent information, I may be subject to discipline up to and including discharge.

Signature: _____ Date: _____

Data Practices Notice

You are being asked to provide information, including private data, in order to enroll in, waive, or switch medical and dental plans under the Metropolitan Council. The Metropolitan Council will use the information to enroll you in your selected plan.

You are not legally required to provide the private data. If you do not provide it, however, the Metropolitan Council will not be able to provide coverage under the Metropolitan Council health plan(s).

Persons authorized to have access to the private data you provide include Metropolitan Council employees whose jobs reasonably require access, such as employee benefits administrators, HR staff, and IS staff. The Metropolitan Council also exchanges information as needed with its insurance carriers. Contractors who process insurance claims may have access. Certain government agencies may be authorized by law to have access to the data, including the State Auditor and health and human services agencies.

Relationship	Document(s) required
Spouse	Copy of marriage certificate
Natural child	<p>Copy of birth certificate</p> <p>If one is not obtainable, submit one of the following:</p> <p>Baptismal certificate: A copy of the front and back of the certificate of the baptism, dedication or comparable rite. It must show the date and place of the child's birth, date of baptism and names of the child's parents.</p> <p>School record. A letter from the school authority (preferably from the first school attended), showing the date of admission to the school, child's date or age at that time, place of birth, and the names of the parents.</p> <p>Census record. State or Federal census record showing the name(s), date(s), and place(s) of birth or age(s) of the person(s) listed.</p> <p>Affidavits. Written statements sworn to, or affirmed by, two persons who were living at the time who have personal knowledge of the birth. These persons may be relatives and do not have to be citizens of the United States. Each affidavit should contain the person's full name and address, date and place of birth, and relationship to you and must fully describe their involvement regarding the birth and/or how he or she acquired knowledge of birth.</p>
Adopted Child	<p>Copy of the replacement birth certificate showing the employee or spouse as the child's parent.</p> <p>If the adoption took place in a state that does not reissue a birth certificate, (or if it is not available), a copy of the final adoption decree.</p>
Child placed for adoption	Notice of placement for adoption on adoption agency letterhead or copy of court order. For foreign adoptions include documentation of entry into United States (translated into English).
Step-child	<p>Copy of birth certificate-must indicate spouse as parent (if one not obtainable, see options under "natural child")</p> <p>Copy of marriage certificate</p> <p>Applicable divorce decree or custody papers</p> <p>If no divorce decree or custody papers are available, attach step-child's proof of residence (i.e. school records, drivers license, daycare records, etc.)</p>
Grandchild	<p>Copy of child's birth certificate (if one not obtainable, see options under "natural child")</p> <p>Child's parent's birth certificate;</p> <p>Notarized Certification of Dependent Eligibility (call 651-602-1112 for copy of form)</p> <p>Birth certificates must show line of relationship to employee/retiree. Grandchild's birth certificate must list employee/retiree's child as grandchild's parent.)</p>
Child Support Order	<p>Copy of court order requiring employee/retiree to provide support and health coverage, signed by the child support officer or judge</p> <p>Child's birth certificate (if one not obtainable, see options under "natural child")</p>
Legal Ward	Copy of court order signed by a judge or other court official confirming that the employee/retiree has permanent legal custody of the child by a court order of custody or guardianship, or, copy of the will providing testamentary appointment, confirming the employee/retiree has legal guardianship.

COMPLETE THIS FORM IF YOU WANT TO MAKE CHANGES TO YOUR VISION COVERAGE. If you are currently enrolled and do not wish to make changes, do NOT complete this form. Completed forms **MUST** be returned to the Benefits Department by **November 30, 2010.**

EMPLOYEE INFORMATION	CIRCLE UNIT: ES- 2254 RA-11854 MT- 3386
Name: _____	Employee ID #: _____
Address: _____	Date Of Birth: _____
City, State, Zip: _____	Social Security #: ____ - ____ - ____

COVERAGE ELECTIONS - If you wish to make a change, check your election:

Medical Coverage

Step 1- Elect Coverage:

- Basic Plan (glasses/lenses or contacts every other year)
- Buy-Up plan (glasses/lenses or contacts every year)
- Waive coverage (skip step 2)

Step 2 - Choose a coverage level:

- Single
- Employee + Spouse - complete "dependent data" below
- Employee + Child(ren) - complete "dependent data" below
- Family - complete "dependent data" below

DEPENDENT DATA- ADD OR DROP ONLY Complete for each dependent whose coverage you want to add or drop, attach a separate sheet if needed. Do not complete this section if you are changing from family to single coverage. **NOTE: If you are adding dependents, you must attach proof of eligibility (see reverse side of this form). If you do not include this documentation, dependents will not be added.**

Last Name (only if different)	First Name	MI	Relation- ship	Date of Birth MM/DD/YY	Sex	Social Security Number	Indicate Add (A) or Drop (D)
			Spouse		M / F		A / D
					M / F		A / D
					M / F		A / D
					M / F		A / D
					M / F		A / D
					M / F		A / D

COORDINATION OF BENEFITS: Do dependents have other insurance coverage? No Yes

If yes, name of carrier: _____ Name(s) of dependents covered under the other policy: _____

EMPLOYEE SIGNATURE I certify that the information and documentation provided are true and correct to the best of my knowledge and belief. I understand that if I provide fraudulent information, I may be subject to discipline up to and including discharge.

Signature: _____ Date: _____

For office use only:

Group Number:

Site:

Effective Date: 1/1/2011

Data Practices Notice

You are being asked to provide information, including private data, in order to enroll in, waive, or switch vision plans under the Metropolitan Council. The Metropolitan Council will use the information to enroll you in your selected plan.

You are not legally required to provide the private data. If you do not provide it, however, the Metropolitan Council will not be able to provide coverage under the Metropolitan Council health plan(s).

Persons authorized to have access to the private data you provide include Metropolitan Council employees whose jobs reasonably require access, such as employee benefits administrators, HR staff, and IS staff. The Metropolitan Council also exchanges information as needed with its insurance carriers. Contractors who process insurance claims may have access. Certain government agencies may be authorized by law to have access to the data, including the State Auditor and health and human services agencies.

Relationship	Document(s) required
Spouse	Copy of marriage certificate
Natural child	<p>Copy of birth certificate</p> <p>If one is not obtainable, submit one of the following:</p> <p>Baptismal certificate: A copy of the front and back of the certificate of the baptism, dedication or comparable rite. It must show the date and place of the child's birth, date of baptism and names of the child's parents.</p> <p>School record. A letter from the school authority (preferably from the first school attended), showing the date of admission to the school, child's date or age at that time, place of birth, and the names of the parents.</p> <p>Census record. State or Federal census record showing the name(s), date(s), and place(s) of birth or age(s) of the person(s) listed.</p> <p>Affidavits. Written statements sworn to, or affirmed by, two persons who were living at the time who have personal knowledge of the birth. These persons may be relatives and do not have to be citizens of the United States. Each affidavit should contain the person's full name and address, date and place of birth, and relationship to you and must fully describe their involvement regarding the birth and/or how he or she acquired knowledge of birth.</p>
Adopted Child	<p>Copy of the replacement birth certificate showing the employee or spouse as the child's parent.</p> <p>If the adoption took place in a state that does not reissue a birth certificate, (or if it is not available), a copy of the final adoption decree.</p>
Child placed for adoption	Notice of placement for adoption on adoption agency letterhead or copy of court order. For foreign adoptions include documentation of entry into United States (translated into English).
Step-child	<p>Copy of birth certificate-must indicate spouse as parent (if one not obtainable, see options under "natural child")</p> <p>Copy of marriage certificate</p> <p>Applicable divorce decree or custody papers</p> <p>If no divorce decree or custody papers are available, attach step-child's proof of residence (i.e. school records, drivers license, daycare records, etc.)</p>
Grandchild	<p>Copy of child's birth certificate (if one not obtainable, see options under "natural child")</p> <p>Child's parent's birth certificate;</p> <p>Notarized Certification of Dependent Eligibility (call 651-602-1112 for copy of form)</p> <p>Birth certificates must show line of relationship to employee/retiree. Grandchild's birth certificate must list employee/retiree's child as grandchild's parent.)</p>
Child Support Order	<p>Copy of court order requiring employee/retiree to provide support and health coverage, signed by the child support officer or judge</p> <p>Child's birth certificate (if one not obtainable, see options under "natural child")</p>
Legal Ward	Copy of court order signed by a judge or other court official confirming that the employee/retiree has permanent legal custody of the child by a court order of custody or guardianship, or, copy of the will providing testamentary appointment, confirming the employee/retiree has legal guardianship.



**FSA Enrollment Form - 2011
Health Care Reimbursement and
Dependent Care Reimbursement Accounts**

This form **MUST** be returned to the Benefits Department at the Robert Street office by November 30, 2010 or you may not be enrolled in a flex plan.

Instructions: Complete the sections below, sign and date the form. Return completed form to the Benefits Dept. at Robert Street.	<input type="checkbox"/> New Plan Year Election (Complete sections I, II and III)
---	--

Section I - Employee Information (Please print)

Social Security Number	Employee Number	Location/Division
Participant Last Name		Participant First Name
Home Address		E-mail address
City, State, Zip code		Daytime Telephone Number ()

Section II - Account Elections (Please complete items 1 and 2; Robert Street employees may also complete items 3)

1. Health Care Reimbursement: I elect \$ _____ as my total for the Plan Year to be contributed on a pre-tax basis to my Health Care Reimbursement Account. *Note: Minimum annual election \$130. Maximum annual election \$5,000*

I do not wish to participate in the health care reimbursement account option.

2. Dependent Care (Daycare) Reimbursement: I elect \$ _____ as my total for the Plan Year to be contributed on a pre-tax basis to my Dependent Care Reimbursement Account. I understand that this account is only to reimburse eligible daycare expenses as applicable under the Dependent Care Reimbursement Plan. *Note: Minimum annual election \$130. Maximum annual election \$5,000*

I do not wish to participate in the dependent care reimbursement account option.

3. Qualified Parking Benefits (Robert Street Employees only): I elect \$ _____ per month to be contributed pre-tax. *Note: Maximum monthly election \$230*

I do not wish to participate in the parking reimbursement account option.

Section III - Signature

I hereby authorize my employer to deduct from my pay on a pre-tax basis the amounts elected above for the Plan Year. I understand that the payroll deducted amount will be available for the reimbursement of my qualifying expenses under the applicable benefit election incurred during the Plan Year and/or for the payment of my premiums in accordance with the terms of the formal Plan Documents while I am a Participating Employee. I further understand that my election is irrevocable until the first day of the next Plan Year. The only exception is for a status change under the terms of the Plan, which would allow me to make a new election for the remainder of the Plan Year that is consistent with the status change. **Any amounts left in a reimbursement account after all eligible reimbursements have been made will be forfeited.**

Employee Signature _____ Date _____

Section V - For Employer Use Only

Date Received _____ Date Processed _____

Data Practices Notice

You are being asked to provide information, including private data, in order to enroll in or waive FSA plans under the Metropolitan Council. The Metropolitan Council will use the information to enroll you in your selected plan.

You are not legally required to provide the private data. If you do not provide it, however, the Metropolitan Council will not be able to provide coverage under the Metropolitan Council health plan(s).

Persons authorized to have access to the private data you provide include Metropolitan Council employees whose jobs reasonably require access, such as employee benefits administrators, HR staff, and IS staff. The Metropolitan Council also exchanges information as needed with its insurance carriers. Contractors who process insurance claims may have access. Certain government agencies may be authorized by law to have access to the data, including the State Auditor and health and human services agencies.

Remember:

Open Enrollment is your opportunity to make desired changes to your coverage elections. Mid-year changes to medical, dental, vision or flex plans are only allowed after a qualified change in status (i.e. birth of a child, marriage, divorce, etc) and must be requested within 31 days of the event.

Questions?

Call:

HealthPartners (Medical/Dental plans)

952 883-5000

MSRS (Pension, HCSP) 651 296-2761

MSRS (Deferred Comp) 651 284-7723

Acclaim (Flex) 800 333-3724

TASC (2011 Flex) 800-422-4661

Benefits-One Line 651 602-1601

390 Robert Street N

St. Paul, MN 55101-1805

Phone: 651 602-1601

Fax 651 602-1507

Email: benefits@metc.state.mn.us

