

# MEMBER ENROLLMENT FORM

## 2026 Resorts Casino Hotel Health Plan

### EMPLOYEE INFORMATION

|                |  |                     |                      |
|----------------|--|---------------------|----------------------|
| Department:    |  | Position:           |                      |
| Employee Name: |  | Employee ID Number: | Status:<br>Full-Time |
| Address:       |  | Email:              |                      |

### Medical Plan Selection (Check One) — Bi-Weekly Employee Contributions\*

|                      | Employee                       |                                | Employee + Spouse              |                                | Employee + Child(ren)          |                                | Family                         |                                |
|----------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
|                      | Non-Tobacco User               | Tobacco User                   | Non-Tobacco User               | Tobacco User                   | Non-Tobacco User               | Tobacco User                   | Non-Tobacco User               | Tobacco User                   |
| <b>HDHP</b>          | <input type="checkbox"/> \$90  | <input type="checkbox"/> \$130 | <input type="checkbox"/> \$176 | <input type="checkbox"/> \$216 | <input type="checkbox"/> \$160 | <input type="checkbox"/> \$200 | <input type="checkbox"/> \$209 | <input type="checkbox"/> \$249 |
| <b>Core Plan</b>     | <input type="checkbox"/> \$120 | <input type="checkbox"/> \$160 | <input type="checkbox"/> \$290 | <input type="checkbox"/> \$330 | <input type="checkbox"/> \$215 | <input type="checkbox"/> \$255 | <input type="checkbox"/> \$335 | <input type="checkbox"/> \$375 |
| <b>Buy-Up Plan</b>   | <input type="checkbox"/> \$183 | <input type="checkbox"/> \$223 | <input type="checkbox"/> \$385 | <input type="checkbox"/> \$425 | <input type="checkbox"/> \$327 | <input type="checkbox"/> \$367 | <input type="checkbox"/> \$470 | <input type="checkbox"/> \$510 |
| <b>Waive/Opt-Out</b> | <input type="checkbox"/>       |                                |                                |                                |                                |                                |                                |                                |

\* These plans include Medical and Rx coverage

### HSA Election (Only Applies to Employees Enrolling in the HDHP)\*\*

| Coverage Level    | IRS Annual Maximum | Catch-Up (Age 55+) | Total Annual Maximum |
|-------------------|--------------------|--------------------|----------------------|
| <b>Individual</b> | \$4,400            | \$1,000            | \$5,400              |
| <b>Family</b>     | \$8,750            | \$1,000            | \$9,750              |

#### Per Pay Period Contribution:

☐ I do not wish to contribute to an HSA

☐ \$\_\_\_\_\_ per pay period (minimum \$10)

☐ Maximum allowed contribution based on my coverage level

#### OR Annual Contribution:

☐ \$\_\_\_\_\_ annually (will be divided by number of pay periods)

#### Catch-Up Contribution (Age 55+):

☐ Yes, I am age 55 or older and want to make an additional catch-up contribution of: \$\_\_\_\_\_

☐ No catch-up contribution

\*\* You are responsible for ensuring total contributions from all sources don't exceed IRS limits

**Dental Plan Selection (Check One) — Bi-Weekly Employee Contributions**

|                   | Employee                     | Employee + Spouse             | Employee + Child(ren)         | Family                        |
|-------------------|------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Delta Dental Plan | <input type="checkbox"/> \$6 | <input type="checkbox"/> \$17 | <input type="checkbox"/> \$19 | <input type="checkbox"/> \$25 |
| Waive/Opt-Out     | <input type="checkbox"/>     |                               |                               |                               |

**Vision Plan Selection (Check One) — Bi-Weekly Employee Contributions**

|                    | Employee                        | Employee + 1                    | Family                          |
|--------------------|---------------------------------|---------------------------------|---------------------------------|
| EyeMed Vision Plan | <input type="checkbox"/> \$1.15 | <input type="checkbox"/> \$2.18 | <input type="checkbox"/> \$3.21 |
| Waive/Opt-Out      | <input type="checkbox"/>        |                                 |                                 |

**Benefit Plan Dependent Information**

**Please include all dependents that you would like covered in 2026\***

| Dependent Name | Relationship | SSN | Date of Birth | Gender (M/F) | Medical                  | Dental                   | Vision                   |
|----------------|--------------|-----|---------------|--------------|--------------------------|--------------------------|--------------------------|
|                |              |     |               |              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                |              |     |               |              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                |              |     |               |              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                |              |     |               |              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                |              |     |               |              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

\* You will be required to provide documentation for member additions. For example: Social Security Cards, Birth Certificates, Marriage Certificates, etc.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**HUMAN RESOURCES ONLY**