

Online Enrollment: HEA AUTHORIZATION FORM for WEA Select Medical plans and/or Willamette WEA Select Dental

Employee Name: _____

Employee ID#: _____

Email Address: _____

1. I authorize Highline School District to release my name, address, social security number, date of birth, gender and work email to the WEA Select Benefits Center.
2. **Once I receive confirmation from Highline that this has been completed, I will go online to enroll.** www.resources.hewitt.com/wea, and authorize any applicable deductions to be taken from my pay. I understand that I will not have coverage until I complete this step.

SELECTIONS for Medical: Please **check:** 1) Who is to be covered 2) The Plan 3) Insurance Carrier

MEDICAL PLAN: ___ Employee Only ___ Employee/Spouse ___ Employee/*Domestic Partner ___ Employee/Child(ren)
 ___ Employee/Spouse/Child(ren) ___ Employee/*Domestic Partner/Child(ren)

___ WEA Select Plan 2
___ WEA Select Plan 3
___ WEA Select EasyChoice A
___ WEA Select EasyChoice B
___ WEA Select Basic Plan
___ WEA Select Plan 5
___ High Deductible Plan QHDHP (must also enroll in Health Savings Plan)

INSURANCE CARRIER (Check One):

Aetna PPO _____ Aetna-High Performance _____ United Health Care PPO _____ United Health Care-High Performance _____

Willamette WEA Select DENTAL: ___ Employee Only ___ Employee/Spouse ___ Employee/*Domestic Partner
 ___ Employee/Child(ren) ___ Employee/Spouse/Child(ren) ___ Employee/*Domestic Partner/Child(ren)

*(Must complete and return Declaration of Domestic Partnership Form)

X

X

Employee Signature

Date Completed

RETURN TO: Highline Human Resource/Benefits Office

For Highline Benefits Office Use Only

Benefits Effective Date: _____

Date entered into Insurance Tracking: WEA _____ IFAS _____