



Employee Benefit Department
Enrollment/Change Form

Choose One and Enter Effective Date:

- Single Enrollment
Add Dependent(s)
Delete Dependent(s)
Status/Enrollment Change
Open Enrollment
Other:

Employee ID # Location # Employee Name (Last, First, Middle) Hire Date (MM/DD/YY)

Single Domestic Partner Legally Separated Married Legal Guardian Widowed/Divorced

LIFE AND AD&D INSURANCE BENEFICIARY DESIGNATION: If you have more than one beneficiary, please complete a "Beneficiary Designation Form."

Beneficiary's Name Social Security Number Relationship to You

Beneficiary Address (Street) (City) (State) (Zip)

Unless otherwise provided, where two or more beneficiaries are named, the proceeds shall be paid in equal shares to the named beneficiaries, if surviving the insured, or to the survivors. If no beneficiary survives, payments shall be made in accordance with the terms of the policy. This designation revokes any and all previous designations. You have the right to change your beneficiary at any time. All changes must be received in writing and will take effect upon receipt.

MEDICAL PLAN: FREEDOM OF CHOICE CHOICE PLUS PART-TIME CHOICE PLUS

DENTAL PLAN: Core Dental Premium Dental Decline Dental

LEVEL OF HEALTH COVERAGE: (check all that apply) Employee Spouse Child(ren) Please indicate number of children

Are you covered under another Costco Employee? Yes No If yes, what is their EE # or SSN?

Are you covering another Costco Employee? Yes No If yes, what is their EE # or SSN?

DECLINE MEDICAL AND DENTAL COVERAGE: Complete and attach the required Decline Coverage Acknowledgment Form. Complete the optional coverages section below for other benefit programs.

If you are electing spouse or dependent coverage, please list your eligible spouse or dependents below. List additional dependents on a separate page. You must provide supporting documentation for your spouse or dependents before their coverage will begin. Please see the reverse side of this form for a list of eligible dependents and the required documentation for each.

Table with 5 columns: Spouse or Dependent Name, Social Security Number (If available), Date of Birth, Sex M/F, Relationship to Employee. Rows #1 to #4.

Employees, spouses or dependents enrolling or re-enrolling in Costco's medical plans may be subject to pre-existing condition restrictions. Detailed information regarding the pre-existing condition exclusions is included with your enrollment materials.

OPTIONAL COVERAGES: Details on each optional coverage listed below are contained in the Highlights Booklet and Summary Plan Description.

- Voluntary Hourly STD: Yes No Not available in CA, HI, NJ, NY, RI and PR.
Supplemental AD&D: Employee Only Employee and Children Employee and Family None
Supplemental Life: Yes No (Requires separate application)
Dependent Care Assistance Plan (DCAP): Yes No (Requires separate application)
Health Care Reimbursement Account (HCRA): Yes No (Requires separate application)

HCRA elections can be made during Annual Open Enrollment only and cannot be changed or stopped during the plan year.

I agree that my compensation will be reduced by the amounts required to pay for my benefit selections. I understand that deductions for health coverage, HCRA, LTD and DCAP will be withheld on a pre-tax basis, and that all other deductions are withheld post-tax. I understand that my benefit selections (or my decision to decline coverage) and my salary reductions related to my benefits are irrevocable until the end of the year. If I do not modify my elections at www.costcobenefits.com or by calling 1-800-541-6205 by the end of Annual Open Enrollment, I will be treated as having elected for the following year the same benefit selections (or decision to decline coverage) as are then in effect, except for HCRA and DCAP. I must elect to participate in the HCRA and DCAP at each Annual Open Enrollment (typically held in November). If this is my initial enrollment, I understand that if I do not complete and return this Enrollment Form by the 30th day after my first day of eligibility, I will be treated as having elected for the remainder of the year employee-only Choice Plus health and Core Dental coverage and to pay for such coverage with pre-tax salary reductions. I have read the Summary Plan Description for the Costco Employee Benefits Program and I understand my rights to benefits under the program.

Employee's Signature Date Signed

Make Sure Your Enrollment is Complete!

- When enrolling your family members ...
 Costco requires you to prove that a family member is eligible before coverage will begin.
 Copies of the following documentation must be provided:

Eligible Family Member	Document Description
Spouse (opposite sex)	State-Certified Marriage Certificate
Benefit-Eligible Costco Employee Family Member	You must provide a Benefit Enrollment form + Decline Coverage Acknowledgment form completed by this Family Member in addition to the other documents required to establish eligibility.
Newborn/Newly Adopted Dependent Child	You must submit this form along with a state-certified Birth Certificate within 60 days of birth to obtain coverage as of the date of birth. If you do not have the birth certificate, you may submit this form along with a hospital issued record of birth that names the employee as a parent, and then provide the state-certified birth certificate within 90 days of birth. You have 60 days from adoption or placement for adoption to enroll your child.
Dependent Child (up to age 19)	State-Certified Birth Certificate
Dependent Child (age 19 up to age 23)	State-Certified Birth Certificate + Proof of full-time student status
Step-Child	State Certified Birth Certificate + Declaration of Plan Eligibility for Step-Child form + marriage certificate + proof of full-time student status for step child age 19 to 22.
Legal Guardian	Declaration of Legal Guardianship and documentation required by the declaration. Proof of full-time student status for child age 19 to 22.
Domestic Partner and Domestic Partner's Child	Declaration of Domestic Partnership and documentation required by the declaration. Birth Certificates for children of domestic partners + proof of full-time student status if age 19 to 22.

- When choosing the "Decline Coverage" option ...

- You must complete and return the Decline Coverage Acknowledgement Form.
- If you do not complete and return this form, you will be treated as having made no election. You will be enrolled in employee-only Choice Plus and Core Dental.

If you fail to timely provide the required documentation to the Benefits Department or your Location's payroll department, your request to enroll dependents or decline coverage will not be processed. If you have questions, please contact the Benefits Department at 1-800-284-4882. See the Summary Plan Description for details on enrollment and deadlines for enrollment.

