NAF CPAC Benefits Enrollment Form

FY2026 OPEN SEASON

1. Personal Details

Full Legal Name		SSN	
Date of Birth (MM/DD/YYYY)		Gender	☐Male ☐Female
Marital Status	☐Married ☐Not Married	Date of Marriage (if applicable)	
Phone Number		Email Address	
Address			

Legal Spouse's Name	Date of Birth	Gender	SSN	Phone

2. **Covered Family Members** *(List all dependents to be covered under benefits)*

Name	Relationship	Date of Birth	Gender	SSN

3. **Medical Coverage**

☐I elect **Medical Coverage**: Plan: ☐DODHBP ☐HDHP *(High Deductible Health Plan)*
Coverage Level: ☐Self ☐Self + Spouse ☐Self + Child(ren) ☐Family
☐I **waive** medical coverage (covered elsewhere)

4. **Dental Coverage**

☐I elect **Dental Coverage**: ☐Stand-alone ☐Bundled with Medical
Coverage Level: ☐Self ☐Self + Spouse ☐Self + Child(ren) ☐Family
☐I **decline** dental coverage

5. **Life Insurance Options**

Basic Life Insurance *(Default includes $5,000 spouse / $2,500 child Dependent Life)*
☐Elect – ☐1x Salary ☐2x Salary ☐Decline

6. **Dependent Life Insurance (if not using default)**

☐$10K / $5K ☐$15K / $7.5K ☐$20K / $10K ☐$25K / $12.5K ☐Decline

7. **Optional Life Insurance (Employee Only)**

☐Elect – Amount: $_____ ☐Decline

8. **Spending & Savings**

401(k) Retirement Savings Plan
☐Enroll – Employee Contribution: _____% ☐Decline

Health Savings Account (HSA) *(HDHP only)*
☐Yes – Amount: $_____ ☐No

Flexible Spending Account (FSA)
☐Health Care FSA – Annual Amount: $_____ ☐Dependent Care FSA – Annual Amount: $_____
☐Decline both

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9. **Beneficiaries** *(Add full names, Relationships, DOBs, SSNs, and percentages. Enter in the notes if more space is needed)*

401(k) Beneficiaries Name(s)	Relationship	Date of Birth	Gender	SSN	%	Primary?

Life Insurance Beneficiaries Name(s)	Relationship	Date of Birth	Gender	SSN	%	Primary?

Retirement Plan Beneficiaries Name(s)	Relationship	Date of Birth	Gender	SSN	%	Primary?

❗ ***NOTE:*** *If you are married, your spouse* ***must*** *be named as the* ***retirement plan's*** *primary beneficiary.*

Notes: