Pullano & COMPANY
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TAYLOR
The builders.

2026 Benefits Enrollment Form

Name: _____
Date of birth: _____ Social Security Number: _____
Address: _____
Date Employed: _____ Date of Requested Enrollment: _____
Employment Status: ☐ Full time ☐ Part time

2026 Benefit Elections:

Please keep my coverage the same for 2026 ☐

Please make changes to my coverage for 2026 ☐
(Please complete section below to make changes, you will also need to complete new Excellus, VSP, or THE STANDARD enrollment forms.)

Medical: Excellus SB Gold 14
☐ Single: $167.28
☐ Self and Spouse: $434.57
☐ Self and Child(ren): $354.38
☐ Family: $661.76

Vision: VSP
____ Single: $3.57
____ Self and Spouse: $5.72
____ Self and Child(ren): $5.84
____ Family: $9.41

Medical: Excellus SB Silver 16
____ Single: $113.23
____ Self and Spouse: $326.46
____ Self and Child(ren): $262.49
____ Family: $507.70

Medical: Excellus SB Bronze 4
____ Single: $77.11
____ Self and Spouse: $254.22
____ Self and Child(ren): $201.08
____ Family: $404.76

Excellus BCBS Dental Blue
____ Single: $11.43
____ Self and Spouse: $22.85
____ Self and Child(ren): $23.03
____ Family: $36.76

HSA Deduction effective 1/1/2026: $ _____

THE STANDARD Voluntary Life (Please enter amounts in $10,000 increments, Spouse cannot exceed 50% of employee benefit, Child(ren) cannot exceed $10,000.00 total):

Self: $ _____ Spouse: $_____ Child(ren): $_____

Employee Signature: _____ Date: _____

PLEASE SIGN AND RETURN ORIGINAL ENROLLMENT FORMS TO FLEXBENE™