Lafayette Industries
179 Gaywood Drive, Manchester, Missouri 63021
4621 World Parkway Circle, Berkeley, Missouri 63134
2065 Pomme Road, Arnold, MO 63010
Phone 636-227-5666 • fax 636-227-9650 • www.lafayetteindustries.com

Date: November 20, 2025

Dear Lafayette Employee and Guardian,

It's time for **Open Enrollment**, the period each year when employees can review their benefits and decide whether to enroll or decline coverage for the upcoming plan year.

Lafayette must have **documentation of each employee's decision** for our records and compliance audits.

Two Ways to Complete Open Enrollment

Option 1 – Paper Form (Decline Only):

You'll receive a benefits election form in the near future. If you are declining coverage, please complete the form, **select a reason for declining**, and have the guardian **sign** and return it to Lafayette by ***December 4th. It is important to provide all information on the form!***

Option 2 – Open enrollment meeting:

Anyone who is accepting benefits must attend one of the live sessions listed below. All enrollment information will be included as well as representations from our broker Heffernan Insurance will be available to help. Additionally Mutual of America, our new 403b administrator, will be attending the meetings as well.

Need Help or Want to Learn More?

If you are unsure, want to learn about your options, or plan to enroll in benefits, please join one of our on-site sessions with our benefits brokers. They will review your options, answer questions, and help you fill out your paperwork.

- **November 21st: West – 179 Gaywood 10:00 a.m.–12:00 p.m.**
- **December 2nd: JeffCo -4621 World Parkway Circle – 3:30 p.m.**
- **December 3rd : North – 4621 World Parkway 1:00 p.m.**

You may attend any of these sessions, no matter which Lafayette location you work at. **Anyone who is accepting benefits must attend one of these sessions.**

If you have questions or need to confirm your guardian's email address, please contact **Human Resources** at hr@lafayetteindustries.com or 636.227.5666 x 1120.

Thank you for helping us keep your benefit information up to date and accurate.

Sincerely,

Lafayette Industries

Lafayette Industries

Certified Benefit Election Form

2026

Name: _____ **Please Check:** **Single** ___ **Married** ___ **Divorced** ___ **Widowed**___

Address: _____ **City:**_____ **State:**_____ **Zip:** _____

Gender:_____ **Date of Birth:**_____ **Date of Hire:**_____

SSN:_____ **Salary:**_____ **Email Address:** _____

Division check one: North West **Phone number:** _____

Jeffco

Guardians Name: _____ _____ _____

Guardians Address _____ _____ _____

Guardians Phone number _____ _____ _____

Guardian Email address _____ _____ _____

Please attach copy of Guardian Letter

Per Pay Period Deduction (Based on 24 Pay Periods)

Cigna	EE Only	EE + Spouse	EE + Child(ren)	Family
3000 deductible	$62.50 ☐	$389.43 ☐	$329.99 ☐	$656.91 ☐

Waive Medical Coverage ☐

Must Be completed if waiving and providing either carrier or policy numbers

Covered By Parents Plan -	Carrier	☐ Mark Box
Covered By Individual Plan-	Carrier	☐
Covered by Medicaid-	Medicaid #	☐
Covered by Medicare-	Medicare #	☐
No Coverage		☐

All Election forms due to Human Resources by the 15th of December. Failure to reply will be considered a waiver of coverage.

Authorization and Acknowledgement

I authorize my employer to enroll me in the accounts and collect contributions pre-tax by payroll deduction as noted above. I understand that I cannot change or revoke this Agreement during this Plan Year, unless I experience a qualifying Change in Status Event, as defined in the Plan Document , and the election change is on account of and consistent with the Change in Status Event. If I do not complete this enrollment agreement before the start of the Plan Year, I will not be enrolled for this Plan Year.

Employee Signature: _____ **Date:**_____

Guardian Signature : _____ **Date:** _____