SANAD
Saudi Aramco Nabors Drilling

2024 INTERNATIONAL BENEFIT ELECTION FORM

NEW HIRE / REHIRE – DATE OF HIRE:_____	QUALIFIED LIFE STATUS CHANGE REQUEST – DATE OF CHANGE:_____

EMPLOYEE INFORMATION	(Please print)
NAME: (First and Last)	
EMPLOYEE ID#:	
ADDRESS, CITY, STATE, POSTAL CODE:	
PHONE #:	
COMPANY NAME / COUNTRY:	

DEPENDENT INFORMATION

Please indicate dependent information in this section. List ONLY dependent(s) that you want covered under the Health Program. Attach additional dependents on a separate page if needed. The definition of "eligible dependents" is listed in the Benefits Enrollment Guide.

DEPENDENT NAME	RELATIONSHIP	DATE OF BIRTH	SSN	COUNTRY OF RESIDENCE

The International Health Plan includes UnitedHealthcare Global International Medical, Dental, Vision and Prescription coverage.

Please mark ✓ which option you are enrolling in.

Employee Only	$42.24		DEDUCTIONS ARE TAKEN EVERY PAY-PERIOD 26 PER YEAR
Employee and Spouse	$333.50		
Employee and Children	$210.10		
Employee and Family	$482.09		

You must check one of the 3 options below and they cannot be changed unless you have a Qualified Life Status Change.

☐ I WANT TO: OPT OUT of the UnitedHealthcare Global International Plan
☐ I WANT TO : ENROLL in the UnitedHealthcare Global International Plan
☐ I WANT TO : CHANGE my current enrollment in the UnitedHealthcare Global International Plan

OPTIONAL LIFE (Employee Only)	OPTIONAL AD&D (Employee Only)
☐ I DO NOT want to enroll in Optional Life	☐ I DO NOT want to enroll in Optional AD&D
☐ I WANT to enroll in Optional Life **(Please circle selection)** **1X 2X 3X 4X** my annual base pay. Annual Base Pay is 182 x Day Rate for Day-rated employees and Annual Salary for Salaried employees. Formula is located in the Benefits Enrollment Guide. Evidence of Insurability (EOI) may also be required. Please review the Benefits Enrollment Guide for requirements.	☐ I WANT to enroll in Optional AD&D **(Must specify amount)** $ _____ (Minimum is $20,000, additional amount is in multiples of $10,000 to a $2,500,000 maximum or 10X annual base pay, whichever is less). Formula is located in the Benefits Enrollment Guide.

EMPLOYEE SIGNATURE

I authorize my employer to make payroll deductions in the amount of bi-weekly contributions required for the coverage I have elected. I further understand that this election may not be changed until the next open enrollment period, unless I have a Qualified Life Status Change as described in the summary plan description booklet. Enrollment Form is not valid unless signed and dated.

EMPLOYEE SIGNATURE: _____ **DATE:** _____

New Hire / Rehire: Completed Benefit Election Form must be submitted by your 45th day of employment.
Qualified Life Status Change Requests: Must be submitted within 30 days of the Qualifying Event.
Send to: BenefitsHelp@nabors.com or secure fax (281-775-8450)