

Employee Election Form
November 1, 2010 – October 31, 2011



Effective Date:

Last Name: _____ First Name: _____ Middle Initial: _____ Social Security Number: _____

Date of Birth: / / Sex: Male Female Marital Status: Single Married

I. Medical Insurance (Independence Blue Cross)

Please elect one option. Payroll Deduction **Monthly**:

	Keystone Custom 515 <u>HMO</u>	Keystone Direct <u>POS</u>	Personal Choice <u>PPO</u>
Single	<input type="checkbox"/> \$90.00	<input type="checkbox"/> \$60.00	<input type="checkbox"/> \$240.00
Employee & Child	<input type="checkbox"/> \$285.00	<input type="checkbox"/> \$240.00	<input type="checkbox"/> \$665.00
Employee & Children	<input type="checkbox"/> \$285.00	<input type="checkbox"/> \$240.00	<input type="checkbox"/> \$780.00
Employee & Spouse	<input type="checkbox"/> \$420.00	<input type="checkbox"/> \$360.00	<input type="checkbox"/> \$900.00
Family	<input type="checkbox"/> \$620.00	<input type="checkbox"/> \$530.00	<input type="checkbox"/> \$940.00

Waive Medical Coverage (Please complete a waiver verification form).

II. Dental Insurance (Delta Dental)

Please elect one option. Payroll Deduction **Monthly**:

	<u>Basic</u>	<u>Enhanced</u>
Single	<input type="checkbox"/> \$20.33	<input type="checkbox"/> \$36.27
Employee & Dependent(s)	<input type="checkbox"/> \$53.87	<input type="checkbox"/> \$96.10

Waive Dental Coverage

Salary Redirection Agreement and Special Enrollment Notice

I have read and understand the explanation I have received regarding my options under the Gwynedd-Mercy College Health Care Plan. I understand I have the right to have the company redirect my salary on a pre-tax basis during the plan year and apply this amount toward the purchase of the coverages I have designated above. I understand that my share of the cost of this coverage may be adjusted from time to time to reflect the change in rates charged by the carriers. I acknowledge that my election is irrevocable unless there is a change in my family status. A change in family status includes: marriage; divorce; death of spouse or dependent; birth or adoption of a child; or a change in your spouse's employment status. I hereby apply for the options listed above. If necessary, I authorize Gwynedd-Mercy College to adjust my pay as required by my elections. I understand that the benefit options I have elected will remain in force from November 1, 2010 to October 31, 2011, unless my family status changes.

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within thirty days after your coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within thirty days after the marriage, birth, adoption, or placement for adoption.

Employee Signature

Date