

## 2018-19 Open Enrollment

August 10 – 31, 2018

Enrollment forms are due to Human Resources <u>no later</u> than August 31, 2018. Elections made during open enrollment are effective October 1, 2018. For detailed plan information please contact a member of Human Resources or visit <a href="http://www.taftcollege.edu/human-resources/human-resources/openenrollment">http://www.taftcollege.edu/human-resources/human-resources/openenrollment</a>.

Employee Name:  Street Address:  Date of Birth:  Phone Number:  Medical: Provider: Anthem Blue Cross. If an enrollment form is not received, you will default to medical plan 100-D. For detailed plan information please refer to the plan comparison available on the website. Please select only one option.  Plan Name	Personal Infori	mation: Pl	ease Pri	nt or Typ	oe -									
Date of Birth:   Phone Number:	Employee Name:							Employee Number: A						
Medical: Provider: Anthem Blue Cross. If an enrollment form is not received, you will default to medical plan 100-D. For detailed obtain information please refer to the plan comparison available on the website. Please select only one option.  Plan Name								City, State, Zip:						
Plan Name   Deductible   CO-pay   RX   Employee Monthly Premium   Election								Phone Number:						
Plan Name   Deductible   Co-pay   RX   Employee Monthly Premium   Election				-		-		-				D. Fo	r detailed	
100-D PPO					·							Floct	ion	
100-G PPO   \$500/\$1000   \$20   \$5-\$20   \$116.00								· · · · · · · · · · · · · · · · · · ·				LICC	.1011	
Dental: Provider: Delta Dental. Please select only one option.   Plan Name						•		'						
Plan Name		• • • • • • • • • • • • • • • • • • • •				· · · · · · · · · · · · · · · · · · ·								
Plan Name		-	t l Dl -					7110.00	<u>,                                      </u>					
Traditional Incentive \$1,700 None \$0.00  Preferred Option DPO \$3,000 100% up to \$3,000 \$0.00  Vision: Provider: VSP. Coverage is included with all listed medical plans  Dependent Changes: If you need to add or remove a dependent, please complete the below. Attach additional sheets as needed Add/Remove Name Date of Birth SSN Relationship Plans  Add Spouse Medical Domestic Partner Dental Obmestic Partner Dental O			Annual Plan			Orthodont		ntia En		Employee Monthly		Flection		
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Remove Domestic Partner Dental Child Vision  Add Spouse Medical Domestic Partner Dental Child Vision  Acknowledgements:  I understand it is my responsibility to notify my district once a dependent is no longer eligible due to divorce or over age children. If I fail to report loss of eligibility, I may be financially liable to SISC if claims were paid on behalf of non-eligible individuals.  DEDUCTION AUTHORIZATION: If applicable, I authorize my school district to deduct from my wages the required contribution.  NON-PARTICIPATING PROVIDER: I understand that I am responsible for a greater portion of my medical costs when I use a non-participating provider.  I understand that my elections are binding for the plan year and that changes can only be made due to a change in family status. I understand it is my responsibility to notify the District within 30 days of any eligible change in family status.  have read and understood the provisions outlined on this form. All information on this form is correct and true. I understand that it is the basis on which coverage may be issued under the plan. Any misstatements or omissions may result in future claims being denied and/or the policy being rescinded. You are entitled to a copic fit his signed authorization for your files. Additionally, any person who knowingly and with intent to injure, defraud, or deceive the district, SISC, or plan service provider, by filing a statement or claim containing false or misleading information may be guilty of a criminal act punishable under law. I attest by signing below the nave reviewed the information provided on this application and to the best of my knowledge and belief; it is true and accurate with no omissions or misstatements.	Add/Remove								ete the b	Relationsh				
Remove    Domestic Partner   Dental   Vision										☐ Domestic Pa	rtner		Dental	
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