



Columbus State University

Benefit Election Form 2009

Employee Name _____ Employee ID _____ Effective Date _____

New Employee _____ Open Enrollment _____ Status Change Add _____ Delete _____ Action Reason _____

Please circle the plan and level of coverage in which you wish to enroll in the appropriate box.

Health & Dental Options	Indemnity	HSA PPO HDHP	HSA PPO HDHP *Consumer Choice Option	PPO	PPO *Consumer Choice Option	HMO Kaiser	HMO Kaiser *Consumer Choice Option	HMO Blue Cross Blue Shield	HMO BC&BS *Consumer Choice Option	MetLife Dental
Employee Only	\$302.00	\$23.84	\$47.68	\$135.66	\$180.90	\$104.14	\$164.92	\$100.68	\$159.42	\$27.24
Employee + Child	\$543.46	\$41.66	\$83.30	\$244.18	\$325.92	\$187.48	\$296.82	\$181.22	\$286.92	\$51.74
Employee + Spouse	\$634.08	\$48.34	\$96.66	\$284.88	\$379.86	\$218.72	\$346.26	\$211.42	\$334.76	\$54.46
Family	\$875.62	\$66.16	\$132.30	\$393.40	\$524.54	\$302.04	\$478.22	\$291.98	\$462.30	\$87.13

I hereby **waive** the Health coverage offered me.

I hereby **waive** the Dental coverage offered me.

*Consumer Choice is an option that allows continuation of care by an out of network physician who has been approved by the Health Plan's credentialing process for the member only.

Name	DOB	Relationship	Social Security #	Health	Dental	Primary Care Physician – HMO ONLY
Employee		Self				

Health Savings Account

I elect to reduce my salary by \$ _____ for the plan year. (You must be enrolled in the HSA/PPO High Deductible Health Plan to participate)

Long Term Disability

I elect LTD coverage. My premium is _____. I hereby **waive** the LTD coverage offered me.

Flexible Spending Account

Health I elect to reduce my salary by \$_____ for the plan year. I hereby **waive** enrollment in the Flexible Spending Account offered me.

Dependent Care I elect to reduce my salary by \$_____ for the plan year. I hereby **waive** enrollment in the Flexible Spending Account offered me.

Flexible Spending Accounts

Columbus State University provides a flexible benefits program for its employees who participate in the Benefits Plans above. Section 125 of the Internal Revenue Code authorizes your employer to purchase certain benefits with before tax premiums. By doing this, you will avoid paying taxes on the premiums. I understand the provisions of the 125 Plan. I authorize Columbus State University to reduce my salary in the amount necessary to pay for my selected benefits plan(s). Such reductions shall begin during the initial employment period coinciding with the selection of coverage or in January subsequent to enrollment and shall remain in force for the entire calendar year and subsequent calendar years thereafter, with the exception of Health Care Spending Account and Dependent Care Spending Account, until I elect not to participate. I understand that coverage(s) selected by me under Section 125 Plan may not be changed except during an open enrollment period or within 31 days of a "Life Status" change as defined by the Board of Regents, University System of Georgia.

I understand the benefits offered me, the terms and the conditions. I understand that if I waive Dental Insurance, I am not assured of another opportunity to enroll my dependents or myself during any open enrollment period. I understand that if I waive Long Term Disability, Supplemental Life or Dependent Life Insurance upon initial enrollment, proof of insurability may be required if I enroll at a later date.

Information regarding the University System of Georgia Healthcare Plan benefits and provider networks are contained within the following Open Enrollment communication pieces:

University System of Georgia Plan Year 2009 PPO/Indemnity /HDHP & HMO Health Plans Comparison Chart.

This document will be available at: <http://www.usg.edu/employment/benefits/>

For reimbursement, your healthcare plan may restrict your choice of who may treat you or your family, and, where you or your family may be treated.

Signature

Date

*Coverage effective dates are stated in each benefit plan document. Plan documents supersede information contained in this enrollment form.