



Employee Name _____ Employee ID _____

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 Options	Indemnity	PPO - Health Spending Account	PPO Health Spending Account *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
Retiree Only	\$302.00	\$23.84	\$47.68	\$135.66	\$180.90	\$104.14	\$164.92	\$100.68	\$159.42
Retiree + Child	\$543.46	\$41.66	\$83.30	\$244.18	\$325.92	\$187.48	\$296.82	\$181.22	\$286.92
Retiree + Spouse	\$634.08	\$48.34	\$96.66	\$284.88	\$379.86	\$218.72	\$346.26	\$211.42	\$334.76
Retiree + Family	\$875.62	\$66.16	\$132.30	\$393.40	\$524.54	\$302.04	\$478.22	\$291.98	\$462.30
Retiree Only Medicare 65+	\$183.22	\$23.84	\$47.68	\$76.60	\$102.14	Must provide proof of Medicare A & B coverage (copy of Medicare card) to receive Medicare 65+ rates.			
Retiree + One Medicare 65+	\$366.48	\$48.34	\$96.66	\$153.18	\$204.30				

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

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

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.