



Benefit Election Form 2009

Employee Name _____ Employee ID _____

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 | \$279.38 | \$23.84 | \$47.68 | \$113.04 | \$158.28 | \$86.78 | \$147.56 | \$83.90 | \$142.64 | \$27.24 |
| Employee + Child | \$502.76 | \$41.66 | \$83.30 | \$203.48 | \$284.92 | \$156.22 | \$265.56 | \$151.02 | \$256.72 | \$51.74 |
| Employee + Spouse | \$586.60 | \$48.34 | \$96.66 | \$237.40 | \$332.38 | \$182.28 | \$309.82 | \$176.18 | \$299.52 | \$54.46 |
| Family | \$810.04 | \$66.16 | \$132.30 | \$327.82 | \$458.96 | \$251.70 | \$427.86 | \$243.30 | \$413.62 | \$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 | | | | |
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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 is 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.