

NAME _____

ID NUMBER _____

**BRYN MAWR COLLEGE
FLEXIBLE BENEFIT ELECTION FORM
PLAN YEAR NOVEMBER 2020 TO OCTOBER 2021**

EFFECTIVE DATE _____

EMPLOYEE: COMPLETE SECTIONS 1-5. Please see rate sheet for all monthly costs.

SECTION 1: MEDICAL PLAN (Select one plan and one coverage level.)

PERSONAL CHOICE PPO
PERSONAL CHOICE PPO HIGH DEDUCTIBLE
KEYSTONE POS
KEYSTONE HMO

SINGLE
PARENT & CHILD(REN)
EMPLOYEE & SPOUSE
FAMILY

WAIVE (SEE SECTION 4)

SECTION 2: DENTAL (Single coverage is an employer-paid benefit. Select a coverage level only if enrolling dependents.)

SINGLE PARENT & CHILD
PARENT & CHILDREN
EMPLOYEE & SPOUSE
FAMILY

SECTION 3: SUPPLEMENTAL LIFE INSURANCE (Select "Waive" if receiving only the employer-paid basic benefit of \$50,000.)

COVERAGE AMOUNT

EMPLOYEE birthdate ___ / ___ / ___ _____

SPOUSE birthdate ___ / ___ / ___ _____

CHILD(REN) _____

WAIVE

NO CHANGES

SECTION 4: MEDICAL INSURANCE WAIVER

IN ORDER TO WAIVE MEDICAL COVERAGE, CERTIFICATION OF GROUP MEDICAL INSURANCE COVERAGE IN FORCE ELSEWHERE FOR THE EMPLOYEE IS REQUIRED. PLEASE COMPLETE THE INSURANCE INFORMATION BELOW. PLEASE PRINT.

Name of Insurance Company _____

Policy /Group # _____

Policyholder/Employer _____

ID # _____

SECTION 5: SUMMARY

I wish to become insured for the coverage chosen as evidenced by my signature below and agree to the following:

1. I authorize the above selections and, any pre-tax and/or after-tax reductions in pay, as specified on the rate sheet.
2. I understand that insurance applications are requested for each plan in which I enroll and must be submitted by the due date to ensure enrollment.
3. I understand that if I waive medical coverage, the subsidy that I receive is fully taxable.
4. I understand that I cannot change or revoke these elections unless that change or revocation is on account of and consistent with a life event change in status.

SIGNATURE _____

DATE _____

Life Event Change Date
 Marriage Divorce Birth/Adoption Loss of other group coverage Enrollment in other group coverage Other _____

EMPLOYEE: PLEASE KEEP A COPY FOR YOUR RECORDS