

MARLBORO COLLEGE
2012 Optional Dental and Vision Insurance Election Form

Name: _____

SS#: _____

I. DENTAL INSURANCE

A. I am currently enrolled in the college dental insurance plan and do not wish to make changes

(Attach one form: Optional Insurance Salary Reduction Agreement)

B. I am NOT currently enrolled in the college dental insurance plan AND

I do not wish to participate

I wish to enroll in the plan

(Attach two forms: Dental Insurance Enrollment/Change form and Optional Insurance Salary Reduction Agreement)

C. I am currently enrolled in the college dental insurance plan and wish to make the following change:

I wish to cancel coverage in the college dental plan altogether

(Attach one form: Dental Insurance Enrollment/Change)

I wish to add or drop dependent coverage

(Attach two forms: Dental Insurance Enrollment/Change form and Optional Insurance Salary Reduction Agreement)

II. VISION INSURANCE

I elect the following with respect to the newly-available, optional vision benefits

I do not wish to participate

I wish to enroll in the plan.

I understand that, if the minimum enrollment required by VSP is not achieved, this vision will not be available to me. *(Attach two forms: Vision Insurance Enrollment/Change form and Optional Insurance Salary Reduction Agreement)*

Signature: _____

Date: _____