

MARLBORO COLLEGE
2012 Health Insurance Preliminary Election Form

Name: _____

SS#: _____

A. I am currently enrolled in a college health insurance plan and do not wish to make changes
(Attach one form: Health Insurance Salary Reduction Agreement)

B. I am NOT currently enrolled in a college health insurance plan AND

I do not wish to participate
(Attach two forms: a Waiver of Group Health Insurance Benefits form and a Vermont Department of Labor Declaration of Health Care Coverage form)

-OR-

I wish to enroll in the plan checked below

High Deductible HSA Compatible Plan
(Attach two forms: BC/BS Group Enrollment/Change form, Health Insurance Salary Reduction Agreement, and see Anne Pratt to establish Health Savings Account)

-OR-

P.P.O. Plan (Preferred Provider Option)
(Attach 2 forms: BC/BS Group Enrollment/Change form and Health Insurance Salary Reduction Agreement)

C. I am currently enrolled in a college health insurance plan and wish to make the following changes (check all that apply):

I wish to cancel coverage in the college health plan altogether
(Attach 3 or 4 forms: BC/BS Group Enrollment/Change form, completing sections 1 and 4 to cancel, Waiver of Group Health Insurance Benefits form, Vermont Department of Labor Declaration of Health Care Coverage form, and if canceling the HSA, also attach Employee Direct Deposit Authorization Agreement form with a check by line to "Cancel HSA Direct Deposit")

I wish to change plans
(Attach BC/BS Group Enrollment/Change, Health Insurance Salary Reduction Agreement, and if canceling the HSA, also attach Employee Direct Deposit Authorization Agreement form with a check by line to "Cancel HSA Direct Deposit", if changing to the HSA plan, see Anne Pratt for HSA setup forms)

I wish to add or drop dependent coverage
(Attach 2 forms: BC/BS Group Enrollment/Change form and Health Insurance Salary Reduction Agreement)

I wish to change my HSA account direct deposit amount
(Attach Employee Direct Deposit Authorization Agreement form and Health Insurance Salary Reduction Agreement)

- *Note: the 2012 total contribution limit for a single plan is \$3,100 and for 2-person or family plan is \$6,250; employees age 55+ may contribute an additional \$1,000 regardless of plan enrollment; subtract \$600 for a single college contribution or \$1,200 for a 2-person/family contribution to find the maximum that you may contribute of your funds in 2012*

Signature: _____

Date: _____