

MARLBORO COLLEGE

Health Insurance Election and Authorization

Plan Year: 2019

Name: _____

SS#: _____

Please complete the following to indicate your election(s) for health, dental and vision insurance, or to affirm you decision not to participate in the insurance programs offered through Marlboro College.

I. HEALTH INSURANCE ELECTION

- 1. I am currently enrolled in: High Deductible Health Plan Not enrolled
- 2. For the 2019 Plan Year, I wish to enroll in the following health plan. (Dollar amounts indicate the employee share of the premium that you agree to pay biweekly by payroll deduction.)

BCBS VT High Deductible with (HRA)

- \$64.54 Employee
- \$149.28 Employee + Spouse
- \$128.56 Employee & Child(s)
- \$212.90 Family

I elect not to enroll in a health plan. If making this election, please complete and submit with this form the Vermont Declaration of Health Care Coverage found with other insurance forms on the college website. This election also affirms the following: *I acknowledge that Marlboro College has explained the health insurance coverage available. I have been given the opportunity to enroll and have elected not to enroll. I understand that I may enroll later only during the next open enrollment period or in the case of a qualifying life event.*

II. DENTAL AND VISION INSURANCE ELECTION

- 1. I am currently enrolled in the Delta Dental Plan. Yes, No
- 2. I am currently enrolled in the VSP Vision Plan. Yes, No
- 3. For the 2019 Plan Year, I wish to enroll in the following additional insurance plans. (Dollar amounts indicate the employee share of the premium that you agree to pay biweekly by payroll deduction.)

3a. **Northeast Delta Dental** (Please select one)

- \$18.85 – Single
- \$34.51 – Two-Person
- \$60.11 – Family

I elect not to enroll in a dental plan

3b. **VSP Vision Plan** (Please select one)

- \$4.52 – Single
- \$7.24 – Employee + One
- \$7.39 – Employee + Children
- \$11.91 – Family

I elect not to enroll in a vision plan

III. AUTHORIZATION

- 1. If electing to participate in the group health, dental and/or vision insurance programs offered by Marlboro College, I authorize bi-weekly pre-tax (Federal and State income tax and FICA) salary reductions in the amounts indicated above for the purchase of that coverage. I understand and agree that I may not change or revoke these salary reductions during the plan year except in the case of a qualifying life event, a change in cost or in coverage, or other circumstances as permitted under IRS regulations. I agree to notify the college if there is any change in my family status that affects my insurance coverage (e.g., birth, adoption, death, marriage, divorce, or child exceeds eligibility age of 26).

2. For Taxable Domestic Partner Coverage: I authorize the following bi-weekly after-tax salary reduction for the purpose of purchasing group health coverage for my domestic partner as indicated above.

\$_____ (Please see Laura Champagne for amount). Plan(s): _____.

3. I authorize a biweekly contribution of \$_____ to my Health Savings Account (HSA) by direct deposit. *For 2019 the total contribution limit for a single plan is \$3,500, and \$7,000 for two-person, employee plus child(s) or family plans. Individuals who are 55 or older during the plan year may contribute an additional \$1,000 regardless of plan enrollment. Please complete direct deposit form.*

4. I acknowledge that any election to participate in group health insurance coverage is subject to the rules and regulations as set forth by Blue Cross Blue Shield of Vermont, Northeast Delta Dental, VSP, IRS, and Federal and State Departments of Labor. By checking the box **"I AGREE"** below, you agreed that the information above is accurate to the best of your knowledge. Please note that if you do give permission to receive benefit information via email that you consent to receive plan documents and all related plan communications electronically. I understand that I am able to revoke this authorization by writing the Plan Administrator. Please see below for more information.

I understand that the following documents and/or notices may be provided to me electronically:

- Summary Plan Descriptions/WRAP Documents
- Summaries of Material Modification
- Summary Annual Reports
- COBRA Notices (not qualifying event notices)

I may provide notice of a revised email address or revoke my consent at any time without charge by sending an email to lchampagne@marlboro.edu or calling 802.451.7160.

I am entitled to request and obtain a paper copy of any electronically furnished document free of charge by contacting lchampagne@marlboro.edu or calling 802.451.7160.

In order to access the information provided electronically, I must have:

A computer with internet access

An email account that allows me to send and receive emails

Word processing software such as Word.

"I Agree"

Participant's Signature

Date