



HEALTHCARE OPEN ENROLLMENT

Active Employee --- Plan Year 2008

LAST NAME, First, Middle				Soc. Sec. #	
Campus Dept.			Email address		
Home Address		Campus Phone #		Date of Birth	
City	County	State	ZIP	Home Phone #	

I want the following healthcare coverage effective 01/01/08 – 12/31/08 (check one box below)

 I do not want healthcare coverage through Dalton State College for calendar year 2008

PLAN	EMPLOYEE ONLY 01/01/08 – 12/31/08	EMPLOYEE + Child 01/01/08 – 12/31/08	EMPLOYEE + Spouse 01/01/08 – 12/31/08	FAMILY 01/01/08 – 12/31/08
BOR Traditional Indemnity Plan	<input type="checkbox"/> \$140.62	<input type="checkbox"/> \$253.00	<input type="checkbox"/> \$295.20	<input type="checkbox"/> \$407.64
BOR Preferred Provider Organization (PPO)	<input type="checkbox"/> \$105.18	<input type="checkbox"/> \$189.30	<input type="checkbox"/> \$220.84	<input type="checkbox"/> \$304.96
High Deductible/Health Plan	<input type="checkbox"/> \$ 22.70	<input type="checkbox"/> \$ 39.68	<input type="checkbox"/> \$ 46.04	<input type="checkbox"/> \$ 63.00
*Consumer Choice Option	<input type="checkbox"/> \$147.28	<input type="checkbox"/> \$265.04	<input type="checkbox"/> \$309.20	<input type="checkbox"/> \$426.94

***Consumer Choice Option**
 At an additional premium charge this option allows you to *nominate* an out-of-network provider to function as an in-network provider for you, and your covered dependants on an individual basis, subject to plan and provider approval. This election is irrevocable during the plan year.

ELIGIBLE* DEPENDENT NAME	Soc. Sec. #	Age as of 01/01/08	Date of Birth	Sex	FT Student or Disabled?
Spouse				M F	Y N
Child				M F	Y N
Child				M F	Y N
Child				M F	Y N
Child				M F	Y N

*Eligible dependents for healthcare coverage are defined as: Spouse through legal marriage (unless legally separated); unmarried child through age 18; unmarried child ages 19-26 if enrolled as a full time student in an accredited school (documentation required); stepchild or other child for whom you have assumed a legal obligation (documentation required). A marriage license, birth certificate, or other document establishing a dependent relationship is required for any dependent whose last name differs from yours. If you add one or more dependents with this form who were not covered in the previous plan year, please include the required documentation.

ENROLLMENT AGREEMENT

I hereby apply for membership for myself and the eligible dependents listed above. The information I have provided is true and complete to the best of my knowledge. I understand that my coverage and benefits may be affected by failure to provide complete and accurate information. I agree to pay the premium amounts applicable for the contract under which I am covered. I authorize my employer to deduct from payroll such applicable premium amounts and to remit them to the insurance company I have chosen. I understand my premiums for such coverage will be deducted from my salary on a pre-tax basis.

“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”.

SIGNED: _____
 DATE: _____

Dalton State College
 Westcott Bldg.
 650 College Dr.
 Dalton, GA 30720
 (706) 272-2034

NOTE: PLEASE RESPOND WITH ANY CHANGES BEFORE 11/02/2007.

RETURN COMPLETED FORM TO HR BEFORE 11/02/2007
 (Retain a copy for your records)

Please see reverse side!

PROVISIONS UNDER IRC Sec. 125

The healthcare benefits of the University System of Georgia are offered under provisions of the Internal Revenue Code (Sec. 125). By enrolling in any of these healthcare plans, you authorize your employer to reduce your salary on a pre-tax basis by the amount necessary to pay the premiums. Other than during the annual Open Enrollment Period, the coverage you elect may not be changed or terminated during the plan year -- except if you have a qualifying change in status.

What is a change in family status? You may make a mid-year election change in health coverage if:

- you have a "change in status" that affects your eligibility for coverage or the eligibility of your spouse or dependents
- you, your spouse, or your dependent becomes qualified for, or loses coverage under, Medicare or Medicaid
- you qualify for the special enrollment rights provided under the Health Insurance Portability and Accountability Act (HIPAA)
- you take a leave of absence under the Federal Family & Medical Leave Act (FMLA); or
- the plan received a court order, such as a qualified medical child support order (QMDRO)

CHANGE IN STATUS

The following circumstances qualify as a change in status, if it also meets the "consistency rules" that follow:

- change in legal marital status --
 - marriage
 - death of a spouse
 - divorce
 - legal separation
 - annulment
- change in number of dependents --
 - birth
 - death
 - adoption
 - legal placement of a child as a dependent (as defined under Sec. 152 of the Internal Revenue Code)
- change in employment status --
 - an employment change that leads to a loss or gain of eligibility under a plan; including
 - termination or commencement of employment,
 - a strike or lockout (if it means loss of eligibility)
 - a commencement of or return from an unpaid leave of absence (if it means loss of eligibility)
 - a change in work site (by the employee, spouse or dependent, if it means loss of eligibility)
- change in a dependent's ability to satisfy the requirements for coverage due to attainment of age, student status, or any similar circumstances as provided by the plan
- change in residence -- defined as a change in the place of residence of the employee, spouse, or dependent

CONSISTENCY RULES

In order for a change in status to qualify for a mid-year election change, the change in status must be "on account of," and must correspond to, a change in status that affects the eligibility of an employee, spouse, or dependent for coverage under an employer's plan. This change in status includes only a change that would make an individual eligible or ineligible for a particular benefit package option under the plan. The regulations do not permit mid-year election changes for family members who are not affected by the change in status, such as unaffected children in the case of a divorce or death of a spouse.

COBRA COVERAGE

If an employee, spouse, or dependent becomes eligible for COBRA coverage under the employee's group health plan, the employee may elect to increase pre-tax payments under Sec. 125 to pay for the coverage. For example, when an employee's child becomes ineligible for dependent coverage, the employee can elect to continue the child's coverage under COBRA.

Information regarding the University System of Georgia healthcare plan benefits and providers networks are contained within the following Open Enrollment communications:

Georgia Board of Regents Plan Year 2008 PPO/Indemnity and High Deductible Health Plan Comparison Chart

These documents are available on the USG website at:

<http://www.usg.edu/admin/humres/benefits/health/enroll08.phtml>