

EMPLOYEE NAME	EMPLOYMENT DATE	SOCIAL SECURITY NUMBER	EMPL ID
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1. HEALTH INSURANCE

Effective date of coverage _____ Deduction date: _____

(HR Use Only)

_____ I wish to enroll as indicated below

_____ I wish to waive coverage for myself and my dependents

Indemnity Plan

P.P.O Plan

P.P.O Consumer Choice

Employee

Employee

Employee

Employee + Spouse

Employee + Spouse

Employee + Spouse

Employee + Child

Employee + Child

Employee + Child

Family

Family

Family

2. DENTAL INSURANCE

Effective date of coverage _____ Deduction date: _____

(HR Use Only)

_____ I wish to enroll as indicated below.

_____ I wish to waive dental coverage for myself and my dependents

Board of Regents

Employee

Employee + Spouse

Employee + Child

Family

3. OPTIONAL LIFE INSURANCE

Effective date of coverage _____ Deduction date: _____

(HR Use Only)

Board of Regents Basic Life Ins. and Basic AD&D Ins. \$25,000 provided by Dalton State College.

_____ I wish to enroll as indicated below.

Board of Regents Dependent Life (\$10,000 per dependent)

Add Waive

Coverage (Indicate multiple of salary by marking choice, see summary for rate information)

Board of Regents Supplemental Life 1* 2* 3*

Add Waive

4. LONG-TERM DISABILITY INSURANCE

Effective Date of coverage _____ Deduction Date _____
 (HR Use Only)

- 90 Day Elimination Period
- 150 Day Elimination Period

I hereby waive the coverage offered to me.

Signature _____

Date _____

5. HEALTH CARE FLEX SPENDING ACCOUNT

I have read the Health Care Spending Account Summary.

_____ I elect to reduce my salary by \$_____ per pay period

The calendar year amount of my reduction will be:

Monthly payroll periods	12	x	\$_____	= \$_____
Monthly payroll periods	10	x	\$_____	= \$_____
Biweekly payroll periods	24	x	\$_____	= \$_____

Signature _____

Date _____

6. DEPENDENT CARE FLEX SPENDING ACCOUNT

I have read the Dependent Care Spending Account Summary.

_____ I elect to reduce my salary by \$_____ per pay period

The calendar year amount of my reduction will be:

Monthly payroll periods	12	x	\$_____	= \$_____
Monthly payroll periods	10	x	\$_____	= \$_____
Biweekly payroll periods	24	x	\$_____	= \$_____

Signature _____

Date _____

7. Retirement Plans Board Of Regents Approved Positions

Effective date of coverage _____ Deduction date _____ (HR Use)

Select one: Teacher's Retirement: _____ Optional Retirement: _____

Signature _____

Date _____