

Franklin Pierce University

Arizona– July 1, 2011 – June 30, 2012 Benefits Election Form

Employee: _____
(Please print)

☐ I choose to continue with my current benefit coverage as is. I acknowledge and approve any deduction change for the benefit year beginning July 1, 2011 through June 30, 2012.

I understand that I must complete a separate enrollment form if I wish to participate in the University's Medical or Dependent Flexible Spending Program for July 1, 2011 – June 30, 2012.

Signature: _____

Date: ____ / ____ / ____

Note: If you are making any changes to your benefits, you must complete an enrollment form.

1. Health Insurance PPO H2

☐ I wish to CONTINUE this benefit (No changes made)

☐ No Thank You

☐ I ELECT Harvard Pilgrim HealthCare Insurance

☐ Individual ☐ 2- Person ☐ Family

☐ Domestic Partner Benefit (Must choose Plan type above)

2. Dental Insurance

☐ I wish to CONTINUE this benefit (No changes made)

☐ No Thank You

☐ I ELECT Delta Dental

☐ Individual ☐ 2- Person ☐ Family

☐ Domestic Partner Benefit (Must choose Plan type above)

3. Flexible Spending Accounts

☐ I ELECT ****Completed Form attached****

☐ No Thank You

☐ *Medical* Flexible Spending Account

☐ *Dependent Care* Account

Signature: _____ Date: ____ / ____ / ____

Franklin Pierce University

VOLUNTARY BENEFIT ELECTION FORM

1. VSP Vision Plan- (After Tax)

☐ I ELECT ☐ Employee ☐ Employee + 1 ☐ Employee + Children ☐ Employee + Family
☐ I wish to CONTINUE this benefit ☐ Please cancel this benefit

2. Voluntary Life Insurance Plan-(After Tax)

☐ I ELECT ☐ Please cancel this benefit
☐ I wish to CONTINUE this benefit

3. John Hancock Long Term Insurance Plan-(After Tax)

☐ I ELECT ☐ Please cancel this benefit
☐ I wish to CONTINUE this benefit

Signature: _____ Date: ____ / ____ / ____