

# Franklin Pierce University

☐ **Exempt**  
(paid monthly)  
☐ **Non-exempt**  
(paid bi-weekly)

## ***NON UNION – 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 HMO 14**

☐ **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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

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

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

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_