

Franklin Pierce University

July 1, 2011 – June 30, 2012 Benefits Election Form (Senior Lecturer = Medical & Dental)

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 3V or PPO XI

☐ I ELECT / CONTINUE Harvard Pilgrim HealthCare Insurance

☐ No Thank You

☐ HMO 3V or ☐ PPO XI

☐ Individual ☐ 2- Person ☐ Family

☐ Domestic Partner Benefit (Must choose Plan type above)

2. Dental Insurance

☐ I ELECT / CONTINUE Delta Dental

☐ No Thank You

☐ Individual ☐ 2- Person ☐ Family

☐ Domestic Partner Benefit (Must choose Plan type above)

3. Vision Plan

☐ I ELECT / CONTINUE

☐ No Thank You

☐ Employee ☐ Employee + 1 ☐ Employee + Children

☐ Employee + Family

☐ Domestic Partner Benefit (Must choose Plan type above)

Signature: _____ Date: ____ / ____ / ____