

# Franklin Pierce University

## 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 3V or PPO XI

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

☐ No Thank You

☐ I **ELECT** Harvard Pilgrim HealthCare Insurance

Select a Plan:

☐ HMO 3V ☐ PPO XI

☐ 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_