

Benefits Election Form - Arizona
July 1, 2012 – June 30, 2013

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, 2012 through June 30, 2013.

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, 2012 – June 30, 2013.

Signature: _____

Date: ____ / ____ / ____

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

1. Health Insurance PPO

☐ **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

4. Long Term Disability Tax Option

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

☐ I **ELECT** Pre-tax

You are deferring the tax liability to the future.
Should you receive monies from the LTD Policy,
you would have to pay taxes on the full benefit amount.

☐ I **ELECT** After-Tax

You are paying taxes on the premiums paid by the University
now. In the event that you need the benefit, you would not
owe any taxes on the monies received from the Long Term
Disability Benefit.

Signature: _____

Date: ____ / ____ / ____

Voluntary Benefits Election Form
July 1, 2012 – June 30, 2013

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

Signature: _____

Date: ____ / ____ / ____