

Franklin Pierce University

July 1, 2012 – June 30, 2013 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, 2012 through June 30, 2013.

Signature: _____

Date: ____ / ____ / ____

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

1. Health Insurance HMO

☐ I ELECT / CONTINUE Harvard Pilgrim HealthCare Insurance ☐ No Thank You
☐ 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: ____ / ____ / ____