Hampden-Sydney College
January 1, 2019 Election Participation Form

As an eligible employee I understand that group health benefits are available to me. I acknowledge that I have received the information on all plans listed below. My election below will apply to myself and all of my dependents.

Name: _____

Address: _____

Phone: _____

Medical Coverage:

_____ **PPO Plan 4**
_____ **PPO Plan 7**
_____ Continue
_____ Decline *(Complete Waiver Section)
_____ Discontinue *(Complete Waiver Section)

*Please circle the reason you waived **Medical Coverage**:

A. I have coverage through another source such as my spouse's employer.
B. Other, please provide a brief description. _____
C. Prefer not to answer.

Dental Coverage:

Low Plan Option:		High Plan Option:	
_____	Enroll	_____	Enroll
_____	Continue	_____	Continue
_____	Decline	_____	Decline
_____	Discontinue	_____	Discontinue

Vision Coverage:

_____ Enroll
_____ Continue
_____ Decline
_____ Discontinue

I understand that full-time employees become eligible for subsidized participation in these health insurance plans on the first day of the month coincident with or next month following the first day of full-time employment. Further, I understand that if I have a change in family status and lose benefits elsewhere or add a dependent by marriage, birth or adoption, or death (known as a qualifying event), these insurance coverages may be extended to me provided I provide the Human Resources Department with written notice within 30 days following the qualifying event.
Additionally, open enrollment is the time period during which eligible employees are allowed to enroll in these health plans for the upcoming plan year. Eligible employees will be able to waive, enroll or change benefits during open enrollment (generally in the fall) for the upcoming plan year which begins on the next January 1st.

I understand that this waiver of participation will remain effective until it is revoked and that it may only be revoked within 30 days following a qualifying event or during open enrollment.

_____ _____
Employee Signature Date