

**Health Coverage Election Form
AND
Benefit Change of Status Form**

EMPLOYEE NAME: _____ EFFECTIVE DATE: _____
 EMPLOYEE SIGNATURE _____ LOCATION WORKED: _____
 PAYROLL TIER _____ BENEFITS _____

HEALTH PLANS BCBS OF MASS		CURRENT COST (SAME)		NEW COST	
	Enhanced HMO (NE only)	\$	Individual	\$	Individual
	Code: _____	\$	Family	\$	Family
	HMO Blue New England (NE only)	\$	Individual	\$	Individual
	Code: _____	\$	Family	\$	Family
	PPO (Non NE Only)	\$	Individual	\$	Individual
	Code: _____	\$	Family	\$	Family

DECLINATION

I decline Health Insurance coverage _____ (Check Here)
 Please complete HIRD Form and attach (Massachusetts Only)
 I have other Health Insurance ___ Yes ___ No Name of Insurance: _____

I have been given the opportunity to enroll in Spectrum Health Systems' group health and dental plans. I understand if I decline coverage at this time, I will not be eligible to enroll in any health or dental insurance plan until the next open enrollment period unless I can provide proof of a qualifying event within 30 days of the loss of coverage. I understand I must sign and return this declination form to the Human Resources Department.

DENTAL PLAN BCBS		\$	Individual	\$	Individual
	Code: _____	\$	Family	\$	Family
I decline Dental Plan _____ (Check Here)					

Adjustments: _____ \$ _____ Per Pay Period Code _____

I understand required premiums will be deducted pre-tax from my paycheck through equal payroll deductions during the plan year and I can not change or discontinue these deductions during the plan year unless I have a change in family status (marriage, divorce, death of a spouse or dependent, birth or adoption of a child, a change in employment status of my spouse or loss of health coverage available through my spouse's employment). My reduction election will end at the time I terminate from employment or no longer remain a full time employee. The Plan Administrator may change the amount of my elections or otherwise modify this agreement if necessary to satisfy the provisions of the Internal Revenue Code.

EXPLANATION: _____

HR: _____ Date: _____ PAYROLL _____ Date _____

REVISED 2/2010