

**2021-2022 Plan Election**

Please complete this form to make your insurance election. This election will be Effective 10/01/2021. **If you need to make a change to who you are covering**, **you must complete an application. This is not an application**.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Who will be covered** | **Type of Coverage** | | | | | |
| **Dental** | | **Vision** | **Life** | | |
| Option 1 | Option 2 | Vision 150 | Option 1 | | Option 2 |
| Preventative | Traditional Plus | Basic | Voluntary | |
| **Employee** |  |  |  |  |  | |
| **Employee and Spouse** |  |  |  |  |  | |
| **Employee and Children** |  |  |  |  |  | |
| **Family** | 🗸 |  |  |  |  | |
| **Waive, I do not want coverage** |  |  |  |  |  | |
| **Waive, I have coverage elsewhere** |  |  |  |  |  | |

\_\_\_\_\_\_\_\_\_ I wish to **DECLINE/WAIVE** the coverage(s) selected above for the Plan Year 2021-2022

Printed Name Mohammed Nawaz Ahmed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_Nawaz\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_09/21/2021\_\_\_\_\_\_\_\_\_\_\_\_\_