nedun Enegue Date	be in effect submitted	out out	Open Enrollment	PART H MEDICAL	PART G DEPEND	List additional beneficiaries	Employee Paid - Suhmit	contains more than one pers		Milly Rober	ET E		Nobe		PART D DEPEND	PART C DENTAL	PART B MEDICAL INSURANCE Please choose one of the following:	Name: LAST OR PO. B	Benefits Enrollment Form PARTA Legal Marital Status: X Mar	!
Dental Effective Date	uthorize deductions from r t until revoked in writing. I . (See Benefits Handbook t	☐ Deductible PPO☐ HMO Plan☐ Decline Coverage☐ Other☐	From: Traditional PPO	MEDICAL INSTIRANCE PLAN CHANCE	ENT OPTIONAL LIFE AND	on back of this form. Benefici	AL LIFE AND ACCIDENTA	on, the benefit is apportioned		*	JARY DESIGNATION - B.		575	075	ENTS - COMPLETE IN FI	DENTAL COVERAGE Employee Only	PART B MEDICAL INSURANCE COVERAGE Tease choose one of the following:	- X	Enrollment Form Legal Marrital Status: X Married	·
Vision Effective Date	In Pereby authorize deductions from my salary of the amount required, if any, for the insurabe in effect until revoked in writing. Medical and dental insurance deduction is paid on a submitted. (See Benefits Handbook for pre-tax medical insurance deduction information.)	age	To:	n required) Decline	ACCIDENTAL DEATH AN	List additional beneficiaries on back of this form. Beneficiaries will be the same as for Rasir	Submit within 60 days of him and DISMEMBERMENT INSURANCE	ic Life and AD&D insurance, L d equally unless specified oth		PERCENT RELATIONSHIP	ASIC LIFE AND ACCIDENT		5000	M, H	ULL - LIST ANY ADDITION	loyee & Family	E Traditional PPO		ed Not Married	□ Late I ▼ Open
Basic Life/AD&D Effective Date	Inereby authorize deductions from my salary of the amount required, if any, for the insurance indicated. This authorization will be in effect until revoked in writing. Medical and dental insurance deduction is paid on a pre-tax basis unless a waiver form is submitted. (See Benefits Handbook for pre-tax medical insurance deduction information.)	Deductible PPO HMO Plan Decline Coverage Other	Traditional PPO	I Decline Coverage	DEPENDENT OPTIONAL LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE	List additional beneficiaries on back of this form. Beneficiaries will be the same as for Basic Life (Part F) unless will be the same as for Basic Life (Part F	ERMENT INSURANCE	Conting more than one person, the benefit is apportioned equally unless specified otherwise.) Primary Contingent contains more than one person, the benefit is apportioned equally unless specified otherwise.)		SHIP DATE OF BIRTH A	BENEFICIARY DESIGNATION – BASIC LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCES				DEPENDENTS – COMPLETE IN FULL – LIST ANY ADDITIONAL DEPENDENTS ON BACK OF THIS FORM	☐ Employee & Spouse	LiVO∩iQ □ Deductible PP0	loud many	Soc.	New Enrollment (Waiting periods apply, Please refer to Benefits Handbook.) □ Late Enrollment (Please refer to Benefits Handbook for rules on late enrollment.) Q Open Enrollment (Waiting periods apply, Please refer to Benefits Handbook.)
Optional Life/AD&D Effective Date	e indicated. This authoriza e-tax basis unless a waive	Marriage Spouse's covera Other, specify	DEPENDEN		JRANCE OPTIONAL	ngs 1X 2X	I Elect Coverage	ack of this form. Benefit is p	June Clark	ADDRESS 2024C Harre	ERMENT INSURANCE*		H M 397	4	AGE	Employee & Spouse or Domestic Partner (Requires additional documentation and approval)	MT 48/ Σ	STATE ZIP		s apply. Please refer to <i>Be</i> <i>Benefits Handbook</i> for rule is apply. Please refer to <i>Be</i>
	EMPLOXEE SI	Ason for change: Marriage Spouse's coverage terminated Other, specify	DEPENDENT COVERAGE CHANGES	Telect Coverage (Additional form required)	he back of this form.	4	rage Decline Co	ayable to contingent benefic	> ST. LIVELYC	10			19 bb01-51-	SOCIAL SECURITY NUMBER	Employee Only	ires additional documentation	25	ST NAME (IF CHAN		Ē.
NYS DBL Effective Date LTD	GNATURE BY	 □ Newly eligible for coverage □ Child reached age limit □ No longer a student 	Date of	required) Declin		□ 6X	overage	ciary ONLY if all primary ber	518h Tw				2/1999 Son	DATE OF BIRTH RELAT	Family Decline Coverage	on and approval)	39-7011	0.1955	Dution	☐ Change: ☐ Covera ☐ Health ☐ Name
LTD Effective Date Ca	DATE	overage		□ I Decline Coverage		□ 7x		neficiaries are deceased. (III	☐ Primary	Primary-Clas	☐ Medical	☐ Medical	X Medio		Coverage		RFOUZ C Y	Employment Date: (7)	Life Insurance Beneficiary (Complete Parts A, E, F, I) Optional Life Insurance (Complete Parts A, F, I)	Coverage (Complete Parts A, B, C, D, F, G, H, I) Health Plan (Complete Parts A, B, D, H, I) Name (Complete Parts A, I)
Campus Location	7/13/17	Dependent died Divorce Birth/Adoption						a class of beneficiaries	Contingent	Primary—Class 1 Contingent—Class 2	☐ Dental ☐ Vision	☐ Dental ☐ Vision	Dental X	TYPE OF COVERAGE			O 99000, COM	11 5 8	Implete Parts A, E, F, I) lete Parts A, F, I)	C, D, F, G, H, I) B, D, H, I)