Campus Location		LTD Effective Date	NYS DBL Effective Date	NYS DBL	Optional Life/AD&O Effective Date	Optional Lif	Basic Life/AD&D Effective Date	Vision Effective Date Basic L	6-13-14 18-14-14 NIS	06-13-14
41-51.	031	1000	SIGNATURE	EMPLOYEE SIGN		dicated. This au basis unless a	any, for the insurance in ction is paid on a pre-tay ction information.)	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.)	t until revoked in writing. Med (See Benefits Handbook for p	be in effect submitted.
Dependent died Divorce Birth/Adoption		Newly eligible for coverage Child reached age limit No longer a student	<ul><li>Newly eligible for co</li><li>□ Child reached age li</li><li>□ No longer a student</li></ul>	rminated	Reason for change:  Marriage Spouse's coverage terminate: Other, specify	Reas	Deductible PP0 HM0 Plan Decline Coverage Other	Deductble PPO  HMO Plan  Decline Covera  Other	Deductible PPO HM0 Plan Decline Coverage Other	90
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15@ hotmail.com	James hot 15	E-MAIL ADDRESS	32-531	TELEPHONE	ZIP CODE 1	STATE		6	MEDICAL INSURANCE COVERAGE	PART B MEDICAL
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