

ESSDACK Health Insurance Group
BENEFIT ELECTION/CHANGE FORM - PLAN YEAR 10/01/15 – 09/30/16
U.S.D. 410 Durham – Hillsboro – Lehigh Health Insurance Group #9616109

SECTION A.

I wish to enroll in the following option effective 10/01/15: **NOTE: You can move no more than one deductible level (up or down) during open enrollment.**

	<u>SINGLE</u>	<u>FAMILY</u>
\$500 deductible: \$500/\$1000 deductible, \$1000/\$2000 coinsurance	<input type="checkbox"/>	<input type="checkbox"/>
\$1000 deductible: \$1000/\$2000 deductible, \$2000/\$4000 coinsurance	<input type="checkbox"/>	<input type="checkbox"/>
\$1500 deductible: \$1500/\$3000 deductible, \$2500/\$5000 coinsurance	<input type="checkbox"/>	<input type="checkbox"/>

Please check the appropriate box (check all that apply):

- I am **not** making any change in my health insurance enrollment status or benefit option.
- I am making a change in my deductible option for the 10/1/2014 – 9/30/2015 plan year.
- This is a new enrollment or a change in my enrollment status. (A BC/BS application form or change form must be completed and attached.)

SECTION B.

If you are NOT enrolling in the ESSDACK Health Insurance Plan, please complete the following Information: **(This information is required from all employees in order to verify that your district can qualify/meet the insurance quota. Information is kept confidential.)**

___ I am covered by my spouses or parent's insurance program.
 Spouse or Parent's Name _____
 Place of Employment _____
 Name of Insurance Company _____

___ I do not desire to enroll in Blue Cross and Blue Shield of Kansas coverage at this time and have no other insurance.

___ Other (ie Medicaid, Medicare, CHAMPUS) _____

NOTICE OF ENROLLMENT RIGHTS: If you are declining enrollment for yourself or your dependents (including your spouse) because of another employer group health plan, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within a specified timeframe after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents within a specified timeframe. Check with your group administrator for details.

Employee Signature _____ BCBSKS ID Number _____

Print Name _____ Date _____