CUESTA COLLEGE FACULTY INSURANCE - ENROLLMENT AND PLAN SELECTION FORM

Please review Faculty Rate Sheet for monthly premiums and fringe information

MEDICAL INSURANCE	Single	2-Party	Family	Decline**
Employees newly enrolling in SISC medical must complete a SISC Enrollment Form. After initial enrollment, adding or removing a dependent requires a SISC Change Form.				
SISC Anthem PPO A - Group # 40303A (80-E)	☐	☐	☐	☐
SISC Anthem PPO B - Group # 40303B (80-G)	☐	☐	☐	☐
SISC Anthem PPO C - Group # 40303C (80-L)	☐	☐	☐	☐
SISC Anthem PPO D - Group # 40303D (80-M)	☐	☐	☐	☐
SISC Anthem PPO E - Group # 40303E (HSA-B)	☐	☐	☐	☐
SISC Anthem PPO F - Group #70303B (Anchor Bronze)*	☐	☐	☐	☐
*Employee & child/children ONLY; Spouse/Domestic Partner are not eligible for this plan **Full-time Faculty must enroll in medical insurance				

DENTAL INSURANCE	Single	2-Party	Family	Decline
Per plan policy, this dental insurance coverage requires a minimum 2-year commitment				
Delta Dental Plan A - Group #6736-0001	☐	☐	☐	☐
Delta Dental Plan B - Group #6736-0003	☐	☐	☐	☐
Delta Dental Plan C - Group #6736-01001	☐	☐	☐	☐
Delta Dental Plan D - Group #6736-01003	☐	☐	☐	☐

Dental Dependent Information

NAME	Social Security #	Date of Birth	Gender	Relationship

VISION INSURANCE	Single	2-Party	Family	Decline
VSP Vision Insurance - Group #30071230	☐	☐	☐	☐

Vision Dependent Information

NAME	Social Security #	Date of Birth	Gender	Relationship

Print Employee Name	*Signature*	*Banner ID*	*Date*