

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) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SISC Anthem PPO B - Group # 40303B (80-G) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SISC Anthem PPO C - Group # 40303C (80-L) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SISC Anthem PPO D - Group # 40303D (80-M) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SISC Anthem PPO E - Group # 40303E (HSA) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SISC Anthem PPO F - Group #70303B (Anchor Bronze)* | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SISC Anthem PPO G – Group # M409 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Waive of Anchor Bronze – Group # 68817C*** | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| *Employee & child/children ONLY; Spouse/Domestic Partner are not eligible for this plan | | | | |
| **Full-time Faculty must enroll in medical insurance | | | | |
| *** Waiver of Anchor Bronze Enrollment (WABE) – this option will allow you to waive medical and have primary insurance elsewhere and have access to Added Value Programs (must provide proof of coverage to enroll in WABE) | | | | |
| SISC Dependent Information | | | | |
| NAME | Social Security # | Date of Birth | Gender | Relationship |
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| 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 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Delta Dental Plan B - Group #6736-0003 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Delta Dental Plan C - Group #6736-01001 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Delta Dental Plan D - Group #6736-01003 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dental Dependent Information | | | | |
| NAME | Social Security # | Date of Birth | Gender | Relationship |
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| VISION INSURANCE | | | | |
| | Single | 2-Party | Family | Decline |
| VSP Vision Insurance - Group #30071230 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Vision Dependent Information | | | | |
| NAME | Social Security # | Date of Birth | Gender | Relationship |
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| Print Employee Name | | | | |
| Signature | | | | |
| Banner ID | | | | |
| Date | | | | |