



## Open Enrollment Change Form for 2014 Plan Year

*This form is used to enroll in new coverage, cancel current coverage or make a change to current coverage. **In addition, employees should go on-line at [www.myshbp.adp.com](http://www.myshbp.adp.com) to confirm choices for the 2014 plan year.***

Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
 SS#: \_\_\_\_\_ Location: \_\_\_\_\_

### **Vision (UnitedHealthcare Vision formerly Spectera)**

|  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> <b>Enroll</b> | <input type="checkbox"/> Single- \$ 7.02<br><input type="checkbox"/> Family- \$17.28 | <input type="checkbox"/> <b>Change:</b> <input type="checkbox"/> from Single to Family<br><input type="checkbox"/> from Family to Single | <input type="checkbox"/> <b>Cancel</b> |
|--|--|--|--|

### **Dental (Guardian)**

|  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> <b>Enroll</b> | <b>Single-</b><br><input type="checkbox"/> Low Option- \$24.63<br><input type="checkbox"/> High Option- \$34.75<br><br><b>Family-</b><br><input type="checkbox"/> Low Option- \$78.60<br><input type="checkbox"/> High Option-\$125.55 | <input type="checkbox"/> <b>Change:</b><br><b>Current Coverage:</b><br><input type="checkbox"/> Single Low<br><input type="checkbox"/> Single High<br><input type="checkbox"/> Family Low<br><input type="checkbox"/> Family High<br><br><b>Change Coverage to:</b><br><input type="checkbox"/> Single Low<br><input type="checkbox"/> Single High<br><input type="checkbox"/> Family Low<br><input type="checkbox"/> Family High | <input type="checkbox"/> <b>Cancel</b> |
|--|--|---|--|

### **Disability (Unum)**

|   |  |  |
|---|--|--|
| <input type="checkbox"/> <b>Enroll</b>  | <input type="checkbox"/> <b>Change</b> | <input type="checkbox"/> <b>Cancel</b> |
| <p>Select coverage by completing steps 1-3. The coverage amounts you indicate will replace all prior coverage amounts you have under this policy.</p> <p>1) Choose a Plan: <input type="checkbox"/> <b>Plan A: ADEAII</b>      <input type="checkbox"/> <b>Plan B: 2YR</b></p> <p>2) Choose Elimination Period: <input type="checkbox"/> 7 day    <input type="checkbox"/> 14 day    <input type="checkbox"/> 30 day    <input type="checkbox"/> 60 day    <input type="checkbox"/> 90 day</p> <p>3) Choose a Monthly Benefit Amount:<br/>         Monthly Benefit Amount: \$ _____ Your Cost: \$ _____</p> <p style="font-size: small; margin-top: 10px;"><i>Effective date will be delayed if you are not in active employment on the date this insurance would otherwise become effective.</i></p> |  |  |

### **Cancer (Allstate)**

|  |                                 |  |
|--|---------------------------------|--|
| <input type="checkbox"/> <b>Enroll</b> | Complete and attach application | <input type="checkbox"/> <b>Cancel</b> |
|--|---------------------------------|--|

### **Cancer (AFLAC)**

|  |  |
|--|--|
| <input type="checkbox"/> <b>Cancel</b> |  |
|--|--|

### **Universal Life (Combined)**

|  |  |
|--|--|
| <input type="checkbox"/> <b>Cancel</b> |  |
|--|--|

### **Legal and Identity Theft Service (Prepaid Legal)**

|  |                                 |  |
|--|---------------------------------|--|
| <input type="checkbox"/> <b>Enroll</b> | Complete and attach application | <input type="checkbox"/> <b>Cancel</b> |
|--|---------------------------------|--|

**Group Term Life Insurance (MetLife Optional & MetLife Optional N/S)**

|   |   |  |
|---|---|--|
| <input type="checkbox"/> <b>Enroll-</b> Contact Melissa Lively @ 770-832-3568 | <input type="checkbox"/> <b>Change-</b> Contact Melissa Lively @ 770-832-3568 | <input type="checkbox"/> <b>Cancel</b> all<br><input type="checkbox"/> Drop SP \$4.00<br><input type="checkbox"/> Drop CH \$1.00 |
|---|---|--|

**Group Term Life Insurance (MetLife Supplemental)**

|   |   |  |
|---|---|--|
| <input type="checkbox"/> <b>Enroll-</b> Contact Melissa Lively @ 770-832-3568 | <input type="checkbox"/> <b>Change-</b> Contact Melissa Lively @ 770-832-3568 | <input type="checkbox"/> <b>Cancel</b> all<br><input type="checkbox"/> Drop SP<br><input type="checkbox"/> Drop CH |
|---|---|--|

**Whole Life/ Accident Insurance (Provident Life and Accident)**

|   |  |
|---|--|
| <input type="checkbox"/> <b>Enroll-</b> Contact Kathy Tygart @ 800-263-0401 | <input type="checkbox"/> <b>Cancel</b> |
|---|--|

**Flex Accounts- Medical and Daycare (AmeriComp)**

|  |                                 |
|--|---------------------------------|
| <input type="checkbox"/> <b>Enroll</b> | <b>Complete and attach form</b> |
|--|---------------------------------|

- All employees currently participating in Flex Accounts received a pre-printed form- see your school contact personnel
- Please complete with deduction request for 2014 and return.

**Complete information below for all covered dependents (if applicable):**

|           | <u>Name</u> | <u>DOB</u> | <u>Sex</u>  | <u>SS#</u> | <u>Marriage Date</u>  |
|-----------|-------------|------------|---|------------|---|
| <b>SP</b> |             |            | <input type="checkbox"/> M <input type="checkbox"/> F |            |   |
|           | <u>Name</u> | <u>DOB</u> | <u>Sex</u>  | <u>SS#</u> | <u>Relationship</u>   |
| <b>CH</b> |             |            | <input type="checkbox"/> M <input type="checkbox"/> F |            | <input type="checkbox"/> NC <input type="checkbox"/> SC <input type="checkbox"/> LC |
| <b>CH</b> |             |            | <input type="checkbox"/> M <input type="checkbox"/> F |            | <input type="checkbox"/> NC <input type="checkbox"/> SC <input type="checkbox"/> LC |
| <b>CH</b> |             |            | <input type="checkbox"/> M <input type="checkbox"/> F |            | <input type="checkbox"/> NC <input type="checkbox"/> SC <input type="checkbox"/> LC |
| <b>CH</b> |             |            | <input type="checkbox"/> M <input type="checkbox"/> F |            | <input type="checkbox"/> NC <input type="checkbox"/> SC <input type="checkbox"/> LC |
| <b>CH</b> |             |            | <input type="checkbox"/> M <input type="checkbox"/> F |            | <input type="checkbox"/> NC <input type="checkbox"/> SC <input type="checkbox"/> LC |
| <b>CH</b> |             |            | <input type="checkbox"/> M <input type="checkbox"/> F |            | <input type="checkbox"/> NC <input type="checkbox"/> SC <input type="checkbox"/> LC |

**I request the above benefit election changes effective January 1, 2014.**

*Print this form along with any additional required forms from above (if applicable) and return to your school's open enrollment contact no later than Friday, November 8, 2013.*

*Signature below verifies the accuracy of the information contained on this form, and authorizes my employer to deduct from my salary the necessary premiums.*

**Sign:** \_\_\_\_\_**Date:** \_\_\_\_\_

*All new premiums will be deducted from your December 2013 pay for coverage effective January 1, 2014.*

Contact Melissa Lively or Nadine Mashburn at 770-832-3568 should you need further assistance.