Open Enrollment Change Form
for 2015 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.myshbpga.adp.com to confirm choices for the 2015 plan year.***

Name: _____ Employee ID: _____

Address: _____ _____

City: _____ State/Zip: _____

SS#: _____ Location: _____

Vision (UnitedHealthcare Vision *formerly Spectera*)

☐ **Enroll**	☐ Single- $ 7.02 ☐ Family- $17.28	☐ **Change:** ☐ from Single to Family ☐ from Family to Single	☐ **Cancel**

Dental (Guardian)

☐ **Enroll**	**Single-** ☐ Low Option- $24.63 ☐ High Option- $34.75 **Family-** ☐ Low Option- $78.60 ☐ High Option-$125.55	☐ **Change:** **Current Coverage:** ☐ Single Low ☐ Single High ☐ Family Low ☐ Family High **Change Coverage to:** ☐ Single Low ☐ Single High ☐ Family Low ☐ Family High	☐ **Cancel**

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

	Name	**DOB**	**Sex**	**SS#**	**Marriage Date**
SP			☐M ☐F		
	Name	**DOB**	**Sex**	**SS#**	**Relationship**
CH			☐M ☐F		☐NC ☐SC ☐LC
CH			☐M ☐F		☐NC ☐SC ☐LC
CH			☐M ☐F		☐NC ☐SC ☐LC
CH			☐M ☐F		☐NC ☐SC ☐LC
CH			☐M ☐F		☐NC ☐SC ☐LC
CH			☐M ☐F		☐NC ☐SC ☐LC

Disability (OneAmerica)

☐ **Enroll**- *Contact Sabrina Hall @770-832-3568*	☐ **Change**- *Contact Sabrina Hall @770-832-3568*	☐ **Cancel**

Cancer (Allstate)

☐ **Enroll**	Complete and attach application	☐ **Cancel**

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

☐ **Enroll**- *Contact Melissa Lively @ 770-832-3568*	☐ **Change**- *Contact Melissa Lively @ 770-832-3568*	☐ **Cancel** all ☐ Drop SP $4.00 ☐ Drop CH $1.00

Group Term Life Insurance (MetLife Supplemental)

☐ **Enroll**- *Contact Melissa Lively @ 770-832-3568*	☐ **Change**- *Contact Melissa Lively @ 770-832-3568*	☐ **Cancel** all ☐ Drop SP ☐ Drop CH

Whole Life/ Accident Insurance (Provident Life and Accident)

☐ **Enroll**- *Contact Kathy Tygart @ 800-263-0401*	☐ **Cancel**

Flex Accounts- Medical and Daycare (AmeriComp)

☐ **Enroll**	Complete and attach form

- *All employees currently participating in Flex Accounts received a pre-printed form- see your school contact personnel*
- *Please complete with deduction request for 2015 and return.*

I request the above benefit election changes effective January 1, 2015.

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 14, 2014.

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 2014 pay for coverage effective January 1, 2015.

Contact Sabrina Hall or Melissa Lively at 770-832-3568 should you need further assistance.