

**BENEFIT PROGRAM ENROLLMENT FORM**

Deadline: November 13, 2009

Submit this form to: University Human Resource Services, ATTN: Open Enrollment, Poplars E165, IU Bloomington

**Section 1. EMPLOYEE INFORMATION**

Name: \_\_\_\_\_ Employee ID Number: \_\_\_\_\_  
Last First MI

Date of Birth (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender (circle one): M F

Campus:  IUPUI  Bloomington  Southeast  Northwest  East  Kokomo  South Bend  Fort Wayne

**Contact Preferences:** *This information will not be used to update your IU employment records;* it will only be used to contact you, as needed, during November and December 2009, if additional information is needed for your 2010 enrollment.

Campus Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ E-mail: \_\_\_\_\_ Campus Address: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

**Section 2. MEDICAL PLAN OPTIONS**

Complete this section to make medical plan changes for 2010. Please check the NO CHANGES box if you want to keep your current coverage the same in 2010. Check all changes that apply.

- NO CHANGES TO MEDICAL PLAN IN 2010
- ADD medical plan coverage for 2010
- ADD spouse to medical plan (documentation required)
- ADD child(ren) to medical plan (documentation required)
- Change from one IU-sponsored medical plan to another
- DROP medical plan coverage in 2010
- DROP spouse from medical plan
- DROP dependent child(ren) from medical plan

2010 Medical Plan Option Code: \_\_\_\_\_ (SEE ENROLLMENT INSTRUCTIONS FOR OPTION CODE)

**IU HDHP PPO & MEDICAL SAVINGS PLAN ENROLLMENT:** In order to participate in the IU HDHP PPO & Medical Savings Plan, you *must* enroll online through Benefits Self Service available through OneStart from November 2-13, 2009. Those without online access can contact a campus HR office for assistance.

**Do you or any covered family member have other medical coverage? If so, complete the following:**

\_\_\_\_\_  
Covered individual Name of health plan/carrier Start date of coverage

**Section 3. DENTAL PLAN OPTIONS**

Complete this section to make dental plan changes for 2010. Please check the NO CHANGES box if you want to keep your current coverage the same in 2010. Check all changes that apply.

- NO CHANGES TO DENTAL PLAN IN 2010
- ADD dental plan coverage for 2010
- ADD spouse to dental plan (documentation required)
- ADD child(ren) to dental plan (documentation required)
- DROP dental plan coverage in 2010
- DROP spouse from dental plan
- DROP dependent child(ren) from dental plan

2010 Dental Plan Option Code: \_\_\_\_\_ (SEE ENROLLMENT INSTRUCTIONS FOR OPTION CODE)

**Section 4. DEPENDENT INFORMATION for MEDICAL and/or DENTAL COVERAGE**

If you indicated changes to medical or dental plans, complete this section by listing ALL covered dependents (spouse and/or children) that you wish to have enrolled in medical or dental coverage in 2010. See enrollment instructions for Relationship Codes (RC). Attach all required documentation (e.g., marriage certificate, birth certificate) to this form.

Name	Relationship to Employee (RC)	Date of Birth (mm/dd/yyyy)	IRS Tax Dependent?	Sex M/F	Social Security Number	Enroll in Medical?	Enroll in Dental?
			Y or N		- -	Y or N	Y or N
			Y or N		- -	Y or N	Y or N
			Y or N		- -	Y or N	Y or N
			Y or N		- -	Y or N	Y or N

IF ENROLLING A SPOUSE, Date of marriage: \_\_\_\_/\_\_\_\_/\_\_\_\_

