

ROANOKE COLLEGE
GROUP HEALTH AND DENTAL ELECTION FORM
PLAN YEAR APRIL 1, 2005 THROUGH MARCH 31, 2006

Name _____

Social Security Number _____

Please use this form to select your health and dental insurance elections for the 2005-2006 plan year. **If you wish to make a change in your elections**, you will need to complete the applicable form(s) which are available in the Human Resources department in College Hall. The forms are also available on the Roanoke College Human Resources webpage at www.roanoke.edu/HumanResources/OpenEnrollment.htm . If you are electing to waive either coverage, please complete the waiver at the bottom of this page.

HEALTH INSURANCE

_____ I would like my health insurance election to remain the same.

_____ I would like to change my health insurance election.
(You will need to complete an Anthem Enrollment form.)

DENTAL INSURANCE

_____ I would like my dental insurance election to remain the same.

_____ I would like to change my dental insurance election.
(You will need to complete a new Ameritas Group Dental Enrollment form.)

Signature

Date

WAIVER OF HEALTH AND/OR DENTAL INSURANCE

Please indicate the coverage(s) that you are electing to waive for the 2005-2006 plan year.

- Health Insurance
- Dental Insurance

I, _____, hereby certify that I am voluntarily declining college-provided insurance coverage (indicate coverage waived above) and hereby release the college from any and all related responsibility. I understand that I may change my decision and enroll in the group insurance plans if I have a qualifying event subject to any current or future restrictions placed by the college or the insurance provider, by giving at least thirty (30) days written notice to the Director of Human Resources, Roanoke College.

Signature

Date

RETURN TO HUMAN RESOURCES BY WEDNESDAY, MARCH 23, 2005.
THANK YOU FOR YOUR COOPERATION.