

VASSAR BENEFITS OPEN ENROLLMENT *for* 2010

- Use this form to tell us what you want for calendar year 2010. Return the form to Benefits, Box 718, by December 4, 2009.
- Even if you want no changes, please return this to indicate that you have reviewed and approve your current benefit choices.
- All changes will take effect January 1, 2010. Questions about your benefits? Call us at 5850 or stop by Baldwin, 3rd floor.

Your Name (Please Print)..... ID #.....

HEALTH INSURANCE

Staff

- Keep me enrolled in my current health plan with **no changes**.
 - I don't need Vassar health insurance. I request the **\$400 cash-out payment** in January.
 - Enroll me in a **new** health insurance company*. For January 1, please enroll me in:
_____ Blue Cross Empire Deluxe PPO _____ MVP HMO
_____ Blue Cross Traditional Indemnity _____ MVP Choices : Point of Service Plan
- Use the chart on the back of this form to provide enrollment information for your new plan. → → → → →*
** Staff hired after July 1, 2004 cannot select Blue Cross Traditional or MVP Choices.*
- Add or drop family members on my current health plan. *the health insurance enrollment form, over → →*

DENTAL INSURANCE *Paid by you, through pre-tax payroll deduction.*

If you did not enroll in dental insurance last year and do not want coverage this year, skip this section.

- Keep me enrolled with my current dental coverage with no changes. I have reviewed the rate information for 2010.
- Cancel my dental insurance effective December 31, 2009.
- Enroll me in the dental plan for the first time, effective January 1, 2010. *Use the dental enrollment form, over → →*
- Add or drop family members from my dental plan. *Use the dental enrollment form, over → →*

The following sections cover other OPTIONAL benefits. SKIP sections for benefits you do not want

SRA: SAVE FOR RETIREMENT

You can have both a TIAA-CREF and a Fidelity SRA if you like. See online for investment information, including default option.

- I have a TIAA-CREF SRA. Please **change** my SRA deduction amount to \$ _____ per paycheck.
- I have a Fidelity Investments SRA. Please **change** my SRA deduction amount to \$ _____ per paycheck.
- I would like to **open** a TIAA-CREF SRA and contribute \$ _____ per paycheck.
- I would like to **open** a Fidelity Investments SRA and contribute \$ _____ per paycheck.

FLEX SPENDING ACCOUNTS *See online information on these tax-saving accounts.*

- I want a **Medical** Flex Spending Account. Total ANNUAL amount (\$10,000 maximum): _____
- I want a **Dependent Child Care** Flex Spending Account. Total ANNUAL amount (\$5,000 maximum): _____
- I want a **Transit** Flex Spending Account. Total MONTHLY amount (\$230 maximum): _____
- I want a **Parking** Flex Spending Account. Total MONTHLY amount (\$230 maximum): _____

SIGNATURE

I want my benefits changed or continued as I have indicated above, and I authorize any associated paycheck deductions. I have reviewed plan and rate information for 2010.

Signed: _____ Date: _____

Vassar College Health Plan Enrollment/Change Form

Effective Date: January 1, 2010

Use the Open Enrollment form on reverse to indicate which health plan you want, then complete this chart to provide enrollment information for that plan.

Your Name:

Address: City:..... State:..... Zip:.....

Social Security #: Birthdate:

For MVP Plans: Primary Care Physician Name

Type of coverage you want: Single Double Family Blue Cross only: Single Parent with Child(ren)

Add Spouse/partner name: Birthdate:..... (For MVP) Primary Care Physician:
 Drop Social Security # (if adding).....

Add Child name: Birthdate:..... (For MVP) Primary Care Physician:
 Drop Social Security # (if adding).....

Add Child name: Birthdate:..... (For MVP) Primary Care Physician:
 Drop Social Security # (if adding).....

Add Child name: Birthdate:..... (For MVP) Primary Care Physician:
 Drop Social Security # (if adding).....

*On the Empire Blue Cross PPO, children can be covered on your plan until age 23, whether or not they are students.
On the MVP HMO, children can be covered on your plan until age 19; until 23 if a full time student. MVP will contact you for student status verification..*

Vassar College Dental Plan Enrollment/Change Form for January 1, 2010

Your Name (Please Print) :

Address: City:..... State:..... Zip:.....

Social Security #: Birthdate:

Type of coverage you want: Single Family

Add Spouse/partner name: Birthdate:.....
 Drop

Add Child name: Birthdate:.....
 Drop

Add Child name: Birthdate:.....
 Drop

Add Child name: Birthdate:.....
 Drop

Add Child name: Birthdate:.....
 Drop