BENEFIT ELECTION FORM

FOR THE PERIOD JANUARY 1 2019 – DECEMBER 31, 2019

(DEDUCTIONS WILL BEGIN IN DECEMBER 2018)

In making elections for insurance coverage(s) for the 2019 calendar year, I understand the monthly premiums are paid the month prior to coverage. I also understand the appropriate employee share of premiums will be deducted from my paycheck. When making plan elections, I understand that it is still necessary to complete the *Enrollment Form*. The schedule for turning enrollment forms into the corporation is **11/26/2018**.

**DECLINE BENEFITS**:

 \_\_\_I decline **dental** insurance thru SDCSC

 \_\_\_I decline **vision** insurance thru SDCSC

**EXISTING DENTAL INSURANCE:**

 \_\_\_I want to stay enrolled in CURRENT plan and tier

**EXISTING VISION INSURANCE:**

 \_\_\_I want to stay enrolled in CURRENT plan and tier

**CHANGING OR ELECTING DENTAL INSURANCE:**

 \_\_\_I want to CHANGE or ELECT Dental:

 \_\_\_Family

 \_\_\_Single

**CHANGING OR ELECTING VISION INSURANCE:**

 \_\_\_I want to CHANGE or ELECT Vision:

 \_\_\_Family

 \_\_\_Single

PRINT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_