

OPEN ENROLLMENT 2011/2012
BENEFIT CHANGES

NAME	SOCIAL SECURITY NUMBER
SITE	POSITION

I am married to another employee who works for AVUHSD.
Please list full name of your spouse _____

ENROLLMENT FORMS MUST BE COMPLETED WHEN CHANGING PLANS.
THESE CHANGES WILL BECOME EFFECTIVE 10/1/11.

CHANGE FROM:

MEDICAL PLAN

- Blue Cross (Option 1)
- Blue Cross (Option 2)
- Blue Cross (Option 3) CERTIFICATED ONLY
- Kaiser
- Blue Cross California Care

DENTAL PLAN

- Delta Traditional Incentive Plan
- Delta Preferred Option (DPO)
- PMI

CHANGE TO:

MEDICAL PLAN

- Blue Cross (Option 1)
- Blue Cross (Option 2)
- Blue Cross (Option 3) CERTIFICATED ONLY \$300 DED
- Kaiser
- Blue Cross California Care

DENTAL PLAN

- Delta Traditional Incentive Plan
- Delta Preferred Option (DPO)
- PMI

All changes become effective 10/1/2011. If adding dependents, I have attached marriage and/or birth certificates for each family member. I understand that if I am switching from a HMO to a PPO, I will have a \$100 or \$300 (for Certificated only – Option 3) deductible to satisfy.

Signature of Employee

Date