

# Montefiore Nyack Hospital Benefits Election Form

EMPLOYEE NAME

EMPLOYEE ID #

TELEPHONE NUMBER

DATE OF HIRE

CURRENT TITLE

DEPARTMENT

## 1. ELECTION TO PARTICIPATE

☐ **MEDICAL** - I elect to participate in the Health Insurance Plan that Montefiore Nyack Hospital makes available to its employees through **ANTHEM Blue Cross Blue Shield**.

I will be enrolling into the ☐ **PPO** ☐ **EPO** (Check One)

☐ **DENTAL** - I elect to participate in the Dental Plan that Montefiore Nyack Hospital makes available to its employees through **Cigna Dental**.

☐ **VISION** - I elect to participate in the Vision Plan that Montefiore Nyack Hospital makes available to its employees through **VSP Vision Care**

I will be enrolling into the ☐ **BASIC** ☐ **PREMIER** (Check One)

## 2. ELECTION TO WAIVE COVERAGE

☐ I **DO NOT** wish to participate in the Health Insurance Plan through ANTHEM Blue Cross Blue Shield.

You must re-elect your cash back option annually during Open Enrollment Season. Should you choose to **waive** medical coverage you may be entitled to receive cash back payments of \$200 per month. In order to qualify for cash back payments, you must be **FULL TIME** status and provide us with a letter from the Plan Administrator of the group health plan you are on or the covered employee's Personnel/HR Department as acceptable proof of your other coverage. **Proof of Coverage must be submitted with this form. Note: Insurance ID cards will not be accepted as proof of insurance.**

3. EMPLOYMENT STATUS (check one): ☐ PART TIME ☐ FULL TIME

## 4. ELECTIONS ARE NOT REVOCABLE

The medical and dental plan elections that you make may not be revoked until the next Open Enrollment Period of the plan unless you have a **QUALIFYING EVENT** such as listed below.

- Marriage
- Divorce\*
- Birth or placement of child for adoption
- Death of spouse or child
- Legal Separation
- Spouse loses or gains employment
- Unpaid leave of absence
- Transfer to an ineligible employment classification
- Status change\*\*

\*In the event of Divorce, employees must notify Human Resources within **60 days** to protect Cobra rights for the spouse. \*\*Status changes generally mean any move between Full Time, Part Time and Per Diem status.

## 5. AUTHORIZATION

I certify that all information provided on this form is true and complete. This will authorize Montefiore Nyack Hospital to process the elections that I have made above. I understand that deductions from my salary for Medical, Dental, and Vision insurance coverage will be made on a pre-tax-basis.

PRINT FULL NAME

SIGNATURE

DATE