FACULTY INSURANCE - ENROLLMENT AND PLAN SELECTION FORM

Please review Faculty Rate Sheet for monthly premiums and fringe information

MEDICAL INSURANCE	Single	2-Party	Family	Decline**
Employees newly enrolling in SISC medical must complete a SISC Enrollment Form. After initial enrollment, adding or removing a dependent requires a SISC Change Form.				
SISC Anthem PPO A - Group # 40303A (80-E)	☐	☐	☐	☐
SISC Anthem PPO B - Group # 40303B (80-G)	☐	☐	☐	☐
SISC Anthem PPO C - Group # 40303C (80-L)	☐	☐	☐	☐
SISC Anthem PPO D - Group # 40303D (80-M)	☐	☐	☐	☐
SISC Anthem PPO E - Group # 40303E (HSA)	☐	☐	☐	☐
SISC Anthem PPO F - Group #70303B (Anchor Bronze)*	☐	☐	☐	☐
SISC Anthem PPO G – Group # M409	☐	☐	☐	☐
Waive of Anchor Bronze – Group # 68817C***	☐	☐	☐	☐

*Employee & child/children ONLY; Spouse/Domestic Partner are not eligible for this plan

**Full-time Faculty must enroll in medical insurance

*** Waiver of Anchor Bronze Enrollment (WABE) – this option will allow you to waive medical and have primary insurance elsewhere and have access to Added Value Programs (must provide proof of coverage to enroll in WABE)

SISC Dependent Information

NAME	Social Security #	Date of Birth	Gender	Relationship

DENTAL INSURANCE	Single	2-Party	Family	Decline
Per plan policy, this dental insurance coverage requires a minimum 2-year commitment				
Delta Dental Plan A - Group #6736-0001	☐	☐	☐	☐
Delta Dental Plan B - Group #6736-0003	☐	☐	☐	☐
Delta Dental Plan C - Group #6736-01001	☐	☐	☐	☐
Delta Dental Plan D - Group #6736-01003	☐	☐	☐	☐

Dental Dependent Information

NAME	Social Security #	Date of Birth	Gender	Relationship

VISION INSURANCE	Single	2-Party	Family	Decline
VSP Vision Insurance - Group #30071230	☐	☐	☐	■

Vision Dependent Information

NAME	Social Security #	Date of Birth	Gender	Relationship

Print Employee Name *Signature* *Banner ID* *Date*