



2005 Medical Option Selection Form

New Enrollment
 Change in Plan Options
 Change in Status (*Coverage Category*)

Please print all necessary information

1. Employee Information

Last Name	First Name	M.I.	Date of Birth	Social Security #	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Hire Date
Street Address	City	State	Zip Code	Home Phone	Work Ext.	

2. Medical Coverage

Plan Options:
 Blue Cross Point of Service BASIC Plan
 Blue Cross Point of Service PLUS Plan
 Waiver of Benefits

Coverage Category:
 Yourself Only
 You and Your Spouse
 You and Your Child(ren)
 You, Your Spouse and Your Child(ren)

- ❖ If you are currently enrolled in one of the Blue Cross Point of Service (POS) plans and you wish to change your plan election, you **MUST** complete this Selection Form. However, you are **NOT** required to complete the separate Blue Cross Application for Coverage.
- ❖ If you are currently enrolled in one of the Blue Cross Point of Service (POS) plans but you wish to make a change in your *Coverage Category*, you **MUST** complete this Selection Form, Group Change of Status Group Card, Prior Carrier Coverage Form, and Send Back Form. [i.e., add/delete spouse and/or dependent(s)]
- ❖ If you are not currently enrolled in a Loyola sponsored medical option and wish to elect medical coverage for 2005, you **MUST** complete this Selection Form, Blue Cross Application Form, Send Back Form, and Prior Coverage Form.
- ❖ If you wish to waive medical coverage, you **MUST** complete this Selection Form and select the “Waiver of Benefit” option.

2. Employee Signature

I hereby enroll for the medical plan option indicated on this form and for which I am eligible or may become eligible under the provisions of the plans. I authorize my employer to deduct from my earnings my contributions for coverage, and I understand that contributions will be made on a before-tax basis, as allowed by law. I understand the selection I have made will become effective the first of the month following the date of hire and will continue through December 31, 2005. Any choices I have made above may only be altered as the result of a change in family status or open enrollment period as defined in the summary plan.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Signature

Date

RETURN YOUR COMPLETED FORM TO THE LOYOLA BENEFITS DEPARTMENT-BOX #16