

Benefit Election Form

The following group insurance plans are available to you. Coverage will become effective on the first of the month following 30 days of service.

Health Insurance

- Blue Cross Blue Shield
 - Blue Care Elect (PPO)
 - Network Blue N.E. (HMO)
- I do not wish to enroll in the health plan

Dental Insurance

- Altus Dental
 - Altus Dental High Plus
 - Altus Dental High
 - Altus Dental Basic
- I do not wish to enroll in the dental plan

Vision Insurance

- Blue Cross Blue Shield
 - Blue 20/20
- I do not wish to enroll in the vision plan

Life Insurance

- Boston Mutual Basic Life Insurance
- Boston Mutual Voluntary Life Insurance
- I do not wish to enroll in the life plan

Long-Term Disability

- Boston Mutual Long-Term Disability
- I do not wish to enroll in the life plan

I understand that I have 30 days from the Date of Employment to elect the above plans and complete enrollment forms.

PAYROLL DEDUCTION AUTHORIZATION: I hereby authorize the Town of South Hadley to deduct from my gross earnings the deductions for the above plan/s that I am enrolling in.

EMPLOYEE SIGNATURE: _____ **DATE:** _____