

**Augusta State University**  
**2009**  
**OPEN ENROLLMENT ELECTION FORM**  
**(For Health Insurance only)**

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

**HEALTH INSURANCE**

*All changes are effective, January 1, 2009.*

\_\_\_\_\_ I wish to enrol/change as indicated below. **(Must submit appropriate health insurance enrollment/change form.)**

\_\_\_\_\_ I wish to cancel coverage for myself and my dependents.

If you are changing/cancelling health insurance plans, list plan you are currently enrolled in: \_\_\_\_\_

BCBS - Regents Plan

PPO Standard Plan

Blue Choice - HMO Plan

HDHP/HSA

Employee (\$302.00)

Employee (\$135.66)

Employee (\$100.68)

Employee (\$23.84)

Employee (+) Spouse (\$634.08)

Employee (+) Spouse (\$284.88)

Employee (+) Spouse (\$211.42)

Employee (+) Spouse (\$48.34)

Employee (+) Child (\$543.46)

Employee (+) Child (\$244.18)

Employee (+) Child (\$181.22)

Employee (+) Child (\$41.66)

Family (\$875.62)

Family (\$393.40)

Family (\$291.98)

Family (\$66.16)

\* Retiree w/Medicare (\$183.22)

\* Retiree w/Medicare (\$76.60)

\* Retiree w/Medicare (\$23.84)

\* Retiree (+) One w/Medicare (\$366.48)

\* Retiree (+) One w/Medicare (\$153.18)

\* Retiree (+) One w/Medicare (\$48.34)

**Note: You can only enroll in one of the above health insurance plans.**

Consumer Choice Options:

PPO (additional 33% prem.)

HMO (additional 58% prem.)

\_\_\_\_\_  
Signature/Date

\* Retiree selections only.