



2006 OPEN ENROLLMENT REQUEST FORM

Regular Part-time Faculty and Staff

YOU ARE CURRENTLY ENROLLED IN THE FOLLOWING BENEFIT PLANS:

Medical Insurance			
<i>Please check one box below to indicate your intentions for medical insurance for calendar year 2006.</i>			
Option I: United Healthcare Health Maintenance Organization (HMO)			
<input type="checkbox"/> Enroll * _____ Employee only _____ Employee + 1 _____ Employee + 2 or more			
Option II: United Healthcare Point of Service (POS)			
<input type="checkbox"/> Continue current POS benefit election	<input type="checkbox"/> Enroll * _____ Employee only _____ Employee + 1 _____ Employee + 2 or more	<input type="checkbox"/> Make changes * _____ Add dependent(s) _____ Drop dependent(s)	<input type="checkbox"/> Drop * current POS benefit election
<input type="checkbox"/> I do not wish to participate in a University of Hartford group medical plan at this time. I am aware that if I elect to enroll in a group medical plan after the open enrollment period, I may be subject to proof of insurability at my own expense, or will have to wait for a future open enrollment period.			

Dental Insurance			
<i>Please check one box below to indicate your intentions for dental insurance for calendar year 2006.</i>			
Aetna, Inc. Freedom of Choice			
<input type="checkbox"/> Continue current Aetna Freedom of Choice benefit election	<input type="checkbox"/> Enroll * _____ Employee only _____ Employee + spouse _____ Employee + child(ren) _____ Employee + spouse + child(ren)	<input type="checkbox"/> Make changes * _____ Add dependent(s) _____ Drop dependent(s)	<input type="checkbox"/> Drop * current Aetna Freedom of Choice benefit election
<input type="checkbox"/> I do not wish to participate in a University of Hartford group dental plan at this time.			

* An additional form is required to process this change.

PLEASE COMPLETE AND SIGN REVERSE SIDE OF THIS FORM – YOUR SIGNATURE IS REQUIRED TO PROCESS ALL BENEFIT ELECTIONS.

You are also eligible to purchase the following Optional Life Insurance(s):

Please check one box to indicate your intentions for optional life insurance for calendar year 2006.

Supplemental Life Insurance (Please check one box below)

<input type="checkbox"/> Continue current supplemental life insurance benefit election	<input type="checkbox"/> Enroll *	<input type="checkbox"/> Make changes *	<input type="checkbox"/> Drop * current supplemental life insurance benefit election	<input type="checkbox"/> I do not wish to purchase supplemental life insurance at this time
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Spousal Life Insurance (Please check one box below)

<input type="checkbox"/> Continue current spousal life insurance benefit election	<input type="checkbox"/> Enroll *	<input type="checkbox"/> Make changes *	<input type="checkbox"/> Drop * current spousal life insurance benefit election	<input type="checkbox"/> I do not wish to purchase spousal life insurance at this time
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Dependent Child(ren) Life Insurance (Please check one box below)

<input type="checkbox"/> Continue current dependent life insurance benefit election	<input type="checkbox"/> Enroll *	<input type="checkbox"/> Make changes *	<input type="checkbox"/> Drop * current dependent life insurance benefit election	<input type="checkbox"/> I do not wish to purchase dependent life insurance at this time
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Personal Accident Insurance (Please check one box below)

<input type="checkbox"/> Continue current personal accident insurance benefit election	<input type="checkbox"/> Enroll *	<input type="checkbox"/> Make changes *	<input type="checkbox"/> Drop * current personal accident insurance benefit election	<input type="checkbox"/> I do not wish to purchase personal accident insurance at this time
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*** An additional form is required to process this change.**

You can download enrollment forms on the HRD website at www.hartford.edu/hrd or pick up the form(s) at the Benefits Fair, scheduled **October 18, 19 and 20, 2005** from 11:30 am to 1:30 pm in the **North Cafeteria in GSU**. Please note that you must complete all appropriate forms to implement your elected change(s). All forms must be returned to HRD **no later than Friday, October 28, 2005**.

All elections become effective January 1, 2006.

AUTHORIZATION AND RELEASE

I authorize the University of Hartford to enroll me in the plans I have elected. I agree to make the necessary premium payments for all elected coverage. I will submit all payments directly to the Bursar's Office on a monthly basis for as long as I am enrolled in the plan(s).

My signature below indicates that I have read and understand this election form and descriptive material(s) provided. The election(s) I select are binding for one year and cannot be revoked or modified except under limited circumstances (qualifying events) as defined by IRS regulations.

I declare that the dependents enrolled are my eligible dependents. I declare that the information furnished on this form is true, correct and complete to the best of my knowledge.

Signature

Ext.

Date

To be completed by HRD: ___ Enrollment form(s) processed
 ___ Billing paperwork completed

___ Initials
___ Date