SPARTANBURG METHODIST COLLEGE

INSURANCE REQUEST

Employee: _____ **Date of Employment**: _____
Please print

Insurance benefits become effective the first day of the month contingent with or following the date of employment.

1. Health Insurance Elect ☐ Decline ☐

Plan A ☐ Plan B ☐ Plan C ☐

Level of Coverage
Employee Only ☐ Employee & Spouse ☐ Employee & Children ☐ Family ☐

1. Dental Insurance Elect ☐ Decline ☐

Level of Coverage
Employee Only ☐ Employee & Spouse ☐ Employee & Children ☐ Family ☐

2. Vison Insurance Elect ☐ Decline ☐

Level of Coverage
Employee Only ☐ Employee & 1 ☐ Employee & 2 or more ☐

3. Life Insurance

Single Coverage Elect ☐
Optional Life & ADD Elect ☐ Decline ☐
Family Coverage – Spouse and/or Children Elect ☐ Decline ☐

OPEN ENROLLMENT: June of each year for changes to be effective on July 1 of that year.

SPECIAL ENROLLMENT:

Loss of Other Coverage
If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends

(or after the employer stops contributing toward the other coverage), except as specified below for Medicaid or CHIP coverage.

Marriage, Birth or Adoption
In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Employee Signature:_____Date:_____

Director of Human Resources:_____Date:_____