



**ANNUAL BENEFIT ELECTION FORM ~ NOVEMBER 1, 2011 - OCTOBER 31, 2012**  
 (Rates Effective January 1, 2012)

**Section I: Personal Information**

Name \_\_\_\_\_ **PLEASE PRINT CLEARLY!**  
 Home Address \_\_\_\_\_ Home Phone #: \_\_\_\_\_ **Effective Date:** 11/1/2011  
 \_\_\_\_\_ Home Email \_\_\_\_\_ **Date of Hire:** \_\_\_\_\_

**List Dependent(s) ~ Also, if using the Clinical Medical/Dental Panels, indicate physician/dentist.**

Name	Relationship	Gender	Date of Birth	SSN	Panel Physician	Panel Dentist
	SELF					

**Section II: Health Savings Account (HSA) - For High Deductible Health Plan (HDHP) Participants Only**

Will you will be opening an HSA, or continuing to contribute to an existing HSA, along with your sign-up for the HDHP?  
 YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, what is the amount/month you wish to contribute via payroll deduction: \_\_\_\_\_

**Section III: Benefit Election - Medical Coverage**

Circle desired level of coverage and enter corresponding amount on Line A, B, or C.

**TIER 1 - FTE Salary UNDER \$41,200**

	Keystone POS* Base Plan	Keystone HMO* Plan Option	PC 20/30/70 PPO Buy-Up Plan	PC HDHP Option
Individual	\$ 29.26	\$ 5.56	\$ 138.32	\$ (80.19)
Employee & Child/ren	\$ 96.91	\$ 54.93	\$ 493.24	\$ 53.38
Couple	\$ 143.10	\$ 88.65	\$ 551.47	\$ (34.28)
Family	\$ 200.81	\$ 130.79	\$ 354.61	\$ (248.36)

\*Primary Care Physician must be selected

**TIER 2 - FTE Salary BETWEEN \$41,201 - \$82,399**

	Keystone POS* Base Plan	Keystone HMO* Plan Option	PC 20/30/70 PPO Buy-Up Plan	PC HDHP Option
Individual	\$ 58.51	\$ 34.81	\$ 167.57	\$ (50.94)
Employee & Child/ren	\$ 148.72	\$ 106.74	\$ 545.05	\$ 105.19
Couple	\$ 210.30	\$ 155.85	\$ 618.67	\$ 32.92
Family	\$ 287.26	\$ 217.24	\$ 441.06	\$ (161.91)

\*Primary Care Physician must be selected

**TIER 3 - FTE Salary \$82,400 & OVER**

	Keystone POS* Base Plan	Keystone HMO* Plan Option	PC 20/30/70 PPO Buy-Up Plan	PC HDHP Option
Individual	\$ 87.77	\$ 64.07	\$ 196.83	\$ (21.68)
Employee & Child/ren	\$ 223.08	\$ 181.10	\$ 619.41	\$ 179.55
Couple	\$ 315.46	\$ 261.01	\$ 723.83	\$ 138.08
Family	\$ 430.88	\$ 360.86	\$ 584.68	\$ (18.29)

\*Primary Care Physician must be selected

**TIER 1**

**Enter Monthly Cost**

A. \_\_\_\_\_

I am choosing Individual, Couple, or Family coverage under the HDHP and want to receive the subsidy as:  
 \_\_\_\_\_ taxable income  
 \_\_\_\_\_ a contribution to a Health Savings Account.

**TIER 2**

**Enter Monthly Cost**

B. \_\_\_\_\_

I am choosing Individual, Couple, or Family coverage under the HDHP and want to receive the subsidy as:  
 \_\_\_\_\_ taxable income  
 \_\_\_\_\_ a contribution to a Health Savings Account.

**TIER 3**

**Enter Monthly Cost**

C. \_\_\_\_\_

I am choosing Individual, Couple, or Family coverage under the HDHP and want to receive the subsidy as:  
 \_\_\_\_\_ taxable income  
 \_\_\_\_\_ a contribution to a Health Savings Account.

**Section IV: Benefit Election - Waiver of Medical Coverage (if applicable)**

Verification of Other Coverage is required. Enter \$125 on Line D.

D. \_\_\_\_\_

**Section V: Benefit Election - Vision Coverage (Note: Vision is included with the Keystone Plans)**

Enter monthly amount on Line E.

<u>Individual</u>	<u>Two-Person</u>	<u>Family</u>
\$2.93	\$7.63	\$7.63

E. \_\_\_\_\_

**Section VI: Flexible Spending Accounts: Enter Monthly Amt. on Line F and/or Line G**

Medical Expenses Maximum of \$416.67/month or \$5000/year  
 Dependent Day Care Expenses Maximum of \$416.66/month or \$5000/year

F. \_\_\_\_\_

G. \_\_\_\_\_

I have read and understand the explanation I have received concerning the Haverford College benefits election. I hereby apply for the options listed above. If necessary, I authorize Haverford College to adjust my pay as required by my elections. I understand that the benefit options I have elected will remain in force for 11/1/2011-10/31/2012.

Signature \_\_\_\_\_

Date \_\_\_\_\_

(FT)