



UA Choice

Health Plan Enrollment Form

www.alaska.edu/hr/benefits

9, 10, 11 months (includes all UNAC and ACCFT faculty members)

12 months

Employee ID	Campus	Work Phone
Last Name	First	M.

Please Print Legibly

Medical, Vision and Dental: Choose One

Bi-Weekly Charges are listed on the reverse.

- Deluxe Plan** [350, 351] [650, 651]
 Standard Plan [360, 361] [660, 661]
 Economy Plan [370, 371] [670, 671]
 Opt Out (proof of other medical required, [349] [649]

Dependent Coverage: Choose One

- Employee only
 Employee + spouse [352, 362, 372] [652, 662, 672]
 Employee + child(ren) [353, 363, 373] [653, 663, 673]
 Employee, spouse + child(ren) [354, 364, 374] [654, 664, 674]

Add/Delete Dependents (Complete this section only if you are making changes to your covered dependents)

If you are electing a new plan after previously waiving coverage OR you are changing your plan option, list ALL covered dependents. Be sure to read Verification of Dependent Eligibility on the back of this form, and sign the statement below.

Dependents removed from the health care plan at Open Enrollment are NOT eligible for COBRA.

See the chart below for relationship codes.

[PDABENE] [PDABCOV]

Add	Delete	Complete Name	Relationship Code (Required)	Date of Birth (mm/dd/yy)
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			

Relationship Codes

- | | | |
|---------------------|--|--------------------------------------|
| W = Wife | I = FIP* Child Female (non-taxable) | N = FIP* Child Male (taxable) |
| H = Husband | J = FIP* Child Male (non-taxable) | O = FIP* Female (taxable) |
| D = Daughter | K = FIP* Female (non-taxable) | P = FIP* Male (taxable) |
| S = Son | L = FIP* Male (non-taxable) | X = Sponsored Female |
| | M = FIP* Child Female (taxable) | Y = Sponsored Male |

*FIP = Financially Interdependent Partner. To enroll a FIP, you must also complete a Statement of Financial Interdependence. See your Regional Human Resources Office for forms and Imputed Income Tax Rate Information.

I have read the statement of eligibility on the back of this form and certify that the dependents that I have listed as eligible dependents on the UA Choice Benefits Enrollment Form are accurate. In addition, I understand that if it is later proven that claims have been paid for an ineligible dependent, I will be totally responsible for the repayment of all services paid under the plan and may be subject to other administrative and/or legal actions.

I authorize the University of Alaska to reduce my salary in an amount equal to the cost of benefit options that I have selected above. I understand that this election cannot be revoked or changed until the next open enrollment, unless there is a loss of eligibility or life event. The change must be made within 30 days from the date of the life event. (Please contact your human resources office or refer to your Employee Benefits handbook for the life event definition.)

Employee Signature

Date

e-mail address

Note: You may be required to provide evidence of a dependent's eligibility. This could include a copy of a marriage license, birth certificate, divorce decree or other documents as determined by the University of Alaska.

Return to Your Regional Human Resources Office by 5 pm Friday, May 16, 2008

Office Use Only: Entered By: _____ Date: _____ Effective: _____

Verification of Dependent Eligibility

Statement of Eligibility:

To be eligible for coverage as a dependent under this program, the family member must fit one of the following descriptions:

- The lawful spouse of the employee, unless legally separated
 - Please note: Provided all requirements are met as specified by the University of Alaska, whenever “spouse” is stated in the health care plan, a financially interdependent partner and his or her eligible dependent children would be included. Please contact your local human resources office for details concerning financially interdependent relationships.
- A “child” 18 years of age or younger, unmarried, and primarily dependent upon the employee for support. A child is considered one of the following:
 - A natural offspring of either or both the employee or spouse
 - A legally adopted child of either or both the employee or spouse
 - A child for whom the employee or spouse has been granted court-appointed legal guardianship
 - A child for whom the employee or spouse is under a domestic relations order to provide medical benefits as directed by a divorce decree
 - A foster child living with the employee
 - A child “placed” with the employee for the purpose of legal adoption in accordance with state law; placed for adoption means assumption and retention by the employee of a legal obligation for total or partial support of a child in anticipation of adoption of such child.

Coverage may continue past the limiting age of 19 for an unmarried child who cannot support himself or herself because of a developmental or physical disability, subject to Blue Cross review.

A child may continue to be covered under this program through age 23 if the child is unmarried, primarily dependent on the employee for support, and is a full-time student attending an accredited educational institution. Blue Cross will verify student status twice a year. To verify student status, the employee will be sent a form that must be signed by the registrar’s office at the educational institution where the child is attending school. Health care claims for the child will not be reviewed until the verification form is returned to Blue Cross.

UA Choice Bi-Weekly Charges for FY09

Deluxe Plan	26 Pay Periods Bi-weekly	19 Pay Periods Bi-weekly	FY09 Annual Charge
Employee Only	\$ 57.47	\$ 78.64	\$ 1,494
Employee + Spouse	\$ 96.48	\$ 132.02	\$ 2,508
Employee + Child(ren)	\$ 88.71	\$ 121.39	\$ 2,306
Employee + Family	\$ 127.71	\$ 174.75	\$ 3,320

Standard Plan	26 Pay Periods Bi-weekly	19 Pay Periods Bi-weekly	FY09 Annual Charge
Employee Only	\$ 25.85	\$ 35.37	\$ 672
Employee + Spouse	\$ 33.20	\$ 45.43	\$ 863
Employee + Child(ren)	\$ 31.74	\$ 43.43	\$ 825
Employee + Family	\$ 39.09	\$ 53.47	\$1,016

Economy Plan	26 Pay Periods Bi-weekly	19 Pay Periods Bi-weekly	FY09 Annual Charge
Employee Only	\$ 3.00	\$ 4.11	\$ 78
Employee + Spouse	\$ 6.93	\$ 9.48	\$ 180
Employee + Child(ren)	\$ 4.62	\$ 6.33	\$ 120
Employee + Family	\$ 11.54	\$ 15.80	\$ 300