

ABC Company

Health and Dental Benefits Election Form

ABC Company is offering two health plans and two dental plans this election period. Please make your selections below, sign, and return this form to human resources. Remember to refer to the attached payroll deduction schedules and Summary Plan Descriptions to help you select the plan that is right for you.

If you do not wish to participate in a plan, please check the box(es) marked "waive", and sign and return the form.

Employee Name _____

HEALTH INSURANCE

I choose the following health insurance coverage:

- Option 1:** [insert plan name/description]
- Option 2:** [insert plan name/description]
- Waive:** I choose not to participate in either health plan.

Please choose one of the following coverage categories:

- Single**
- Family**
- [insert other category when applicable, i.e. "Limited Family" or "Employee + Spouse", etc.]**

DENTAL INSURANCE

I choose the following dental insurance coverage:

- Option 1:** [insert plan name/description]
- Option 2:** [insert plan name/description]
- Waive:** I choose not to participate in either dental plan.

Please choose one of the following coverage categories:

- Single**
- Family**
- [insert other category when applicable, i.e. "Limited Family" or "Employee + Spouse", etc.]**

I understand the coverage I have elected is effective [Effective_Date].

Signature

Date