SARAH LAWRENCE COLLEGE

PRE-TAX PREMIUMS AND HEALTH BENEFIT WAIVER

Name_____

SSN# _____

SLC ID Number _____

Date of Hire _____

Payroll (Please check one):
Monthly ☐ Biweekly ☐ Weekly ☐

Medical Insurance	✓	SINGLE	FAMILY
*Decline Coverage**	☐		
Cigna HDHP	☐	S ◯	F ◯
Cigna EPO	☐	S ◯	F ◯
Cigna PPO/POS	☐	S ◯	F ◯

Vision Insurance	✓	SINGLE	FAMILY
*Decline Coverage**	☐		
VSP Vision	☐	S ◯	F ◯

Dental Insurance	✓	SINGLE	2-PARTY	FAMILY
*Decline Coverage**	☐			
Aetna DMO	☐	S ◯	2P ◯	F ◯
Aetna PPO	☐	S ◯	2P ◯	F ◯

PAYFLEX	Decline ✓	Enroll ✓
Health Savings Account (HSA)	☐	☐
Flexible Spending Account (FSA)	☐	☐
Dependent Care Account (DCA)	☐	☐

Supplemental Benefits (through payroll deduction)	Decline ✓	Enroll ✓
Supplemental Retirement Annuity	☐	☐
Aflac Cancer and Accident Plan	☐	☐
Sun Life Supplemental Life Insurance	☐	☐
Met Life Auto & Home Insurance	☐	☐
Transit Check Commuter Program	☐	☐

PRE-TAX PREMIUM

☐ **Yes,** I wish to have my Health Care Premiums **deducted Pre-Tax** from my paychecks.

☐ **No**, I do not wish to have my Health Care Premiums **deducted Pre-Tax** from my paychecks.

IMPORTANT: Please Read and sign acknowledgement:

You must take action **within 30 days** of your hire date to elect benefits and if benefits are not elected within the 30 days you must wait until open enrollment to elect coverage.

If chosen, medical, dental and vision coverage will become effective the first day of the month following the date of hire. Should the first day of employment be the first of the month, benefits are effective on that day.

If you are declining enrollment for yourself or your dependents (including children, spouse or eligible domestic partner) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that termination of this insurance was a result of a **qualifying event** under the Health Insurance Portability and Accountability Act of 1996, you can request to enroll in the College medical insurance within 30 days after your other coverage ends and you provide proof of prior coverage. If you have a new dependent as a result of marriage, birth, or adoption, you may be able to enroll yourself and your dependents, **provided that you request enrollment within 30 days** of the marriage, birth, or adoption. **In addition you may be eligible to enroll in the above plans during open enrollment, which occurs once per year in November.**

I _____understand the procedure for enrolling and declining Sarah Lawrence health care benefit.

Signature: _____ **Date:**_____

Reason for **declining healthcare benefits:*

I and my eligible dependents (if applicable) are covered by another employer or other health insurance coverage outside of Sarah Lawrence College; therefore **wish not to participate** in the health care benefits selected above.

Signature: _____ **Date:**_____