Open Enrollment Change Form - 1/1/2013

Employee Information

<table>
<thead>
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<th>Employee:</th>
<th>Extension:</th>
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Department: ___________________________ Mailstop: ______ Email: _______________________

Employment Status: (please check one)

- [ ] Non-Exempt staff
- [ ] Faculty
- [ ] Non-Exempt union
- [ ] Post Doc
- [ ] Police Services Union
- [ ] Exempt staff
- [ ] Affiliate

Pay Cycle: [ ] Weekly (48 pay periods/year) [ ] Semi-Monthly (24 pay periods/year)

Open Enrollment deadline is Tuesday, November 20, 2012

If you wish to change or enroll in a medical and/or dental plan effective January 1, 2013, you must also complete the appropriate member enrollment form(s) and return them to the Benefits section of the Office of Human Resources.

NOTE: If you need to verify your current medical and/or dental plan please log on to BUSS and check the Benefits Summary

DO NOT USE THIS FORM TO CANCEL COVERAGE - PLEASE COMPLETE CANCEL/CHANGE FORM

Current Medical Plan 2012: (check one)
- [ ] Tufts Premium HMO
- [ ] Tufts Value HMO
- [ ] Tufts PPO
- [ ] None

New Medical Plan effective 1/1/2013 (check one)
- [ ] Tufts Premium HMO
- [ ] Tufts Value HMO
- [ ] Tufts PPO

Current Membership Coverage 2012: (check one)
- [ ] Individual
- [ ] Family

New Membership Coverage effective 1/1/2013: (check one)
- [ ] Individual
- [ ] Family
- [ ] Add child(ren) to existing family coverage

Current Dental Plan 2012: (check one)
- [ ] DeltaCare
- [ ] Delta Dental PPO + Premier
- [ ] None

New Dental Plan effective 1/1/2013 (check one)
- [ ] DeltaCare
- [ ] Delta Dental PPO + Premier

Current Membership Coverage 2012: (check one)
- [ ] Individual
- [ ] Family

New Membership Coverage effective 1/1/2013: (check one)
- [ ] Individual
- [ ] Family
- [ ] Add child(ren) to existing family coverage

For Internal Use Only

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<tr>
<th>Empl ID:</th>
<th>Medical Insurance</th>
<th>Dental Insurance</th>
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