

CAL POLY CORPORATION

MEDICAL INSURANCE PLAN CHANGE FORM 2017

EMPLOYEE'S NAME (Print or type First-Middle Initial-Last)		<ul style="list-style-type: none"> • Open Enrollment Dates: September 12 to October 7, 2016 • Changes are effective January 1, 2017
MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Domestic Partner		
PHONE NUMBER () - -	E-MAIL ADDRESS	
PHYSICAL ADDRESS (street, city, state, zip)		MAILING ADDRESS (if different)
<i>You may also enroll in Cash-in-Lieu of Insurance, Flexible Spending or Dependent Care Account, and Optional Life/AD&D Insurance (medical information required). Forms are available at www.calpolycorporation.org - Forms & Procedures - HR Benefits – Open Enrollment or e-mail dlbakker@calpoly.edu for forms.</i>		

To Indicate New Health Plan - place an "x" in one box, below					
HMO's			PPO's		
<input type="checkbox"/> Blue Shield Access+ Employee Contribution Emp Emp+1 Emp2+ \$144.99 \$289.98 \$376.97 <small>(rates are per month)</small>	<input type="checkbox"/> United Healthcare Employee Contribution Emp Emp+1 Emp2+ \$0 \$0 \$0 <small>(rates are per month)</small>	<input type="checkbox"/> Anthem Traditional Employee Contribution Emp Emp+1 Emp2+ \$165.69 \$331.38 \$430.79 <small>(rates are per month)</small>	<input type="checkbox"/> PERS Select Employee Contribution Emp Emp+1 Emp2+ \$0 \$0 \$0 <small>(rates are per month)</small>	<input type="checkbox"/> PERS Choice Employee Contribution Emp Emp+1 Emp2+ \$80.97 \$161.94 \$210.52 <small>(rates are per month)</small>	<input type="checkbox"/> PERS Care Employee Contribution Emp Emp+1 Emp2+ \$168.79 \$337.56 \$438.82 <small>(rates are per month)</small>
Blue Shield Website: www.anthem.com/ca/calpers Blue Shield HMO Phone: 1-800-334-5847	United Healthcare Website: www.uhc.com/calpers United Healthcare HMO Phone: 1-877-359-3714	Anthem Blue Cross Website: www.anthem.com/ca/calpers Anthem Blue Cross HMO Phone: 1-855-839-4524	Anthem Blue Cross Website: www.anthem.com/ca/calpers Anthem Blue Cross PPO Phone: 1-877-737-7776		
For HMO's - indicate a Primary Care Physician for each family member, below. Make sure the doctor is available. If you do not choose a Primary Care Physician, the insurance provider will assign you one.					

LIST ALL PERSONS TO BE ENROLLED IN YOUR HEALTH PLAN (INCLUDING YOURSELF) - PLEASE PRINT CLEARLY

Family Relationship	Name	Birth Date	SSN	Gender	List physician name(s) for HMO Only <small>Report these directly to Blue Cross/Blue Shield</small>
SELF					

Please sign below:

- * I understand that double coverage is not allowed when currently enrolled in another CalPERS medical plan.
- * I understand that I need to provide copies of birth certificates if adding children, and a copy of my marriage or domestic partner certification if adding a spouse or domestic partner for the first time.
- * I understand that the effective date for these Open Enrollment changes is January 1, 2017.

Signature: _____ Date: _____

Submit completed form to Darsi Bakker, CPC Human Resources, Building 15-130, dibakker@calpoly.edu, (756-6434), by October 7, 2016.

NOTE: Further processing is required to complete your medical insurance change. You will be contacted when the HBD-12 is ready for your signature.