

ACTIVE DUTY HEALTH CARE BENEFITS ELECTION FORM
(To be filled out ONLY if called to active duty for more than 31 days)

Employee Name _____ Employee ID # _____

Address _____

Agency _____ Pay Period Ending _____

Part I – To be completed by Employee:

I have been called to active duty with the military effective _____.

Medical and Dental Plan Option (Check one)

- Waive State Medical Plan coverage
- Continue State Medical Plan coverage while on active duty by self-paying monthly contributions
- Waive State Dental Plan coverage
- Continue State Dental Plan coverage while on active duty by self-paying monthly contributions

Optional Benefits (Check one or more)

Vision Option

- Waive State Vision Plan coverage
- Continue State Vision Plan coverage while on active duty by self-paying monthly contributions

Group Life Insurance

- Continue current Group Life Insurance Benefits for up to one year following call to active duty by self-paying monthly payments
- Waive Group Life Insurance Benefits for duration of active duty
- Continue current Dependent Group Life Insurance Benefits for duration of active duty by self-paying monthly payments
- Waive Dependent Life Insurance Benefits for duration of active duty

Flexible Spending Accounts (Check one)

- Change Annual Flexible Spending Account election
New annual amount \$ _____
- Continue current Flexible Spending Account
 - Medical Flexible Spending Account
 - Dependent Care Flexible Spending Account

Long-Term Care (Check one)

- Continue Self-paying current Long-Term Care
- Waive Long-Term Care for duration of active duty

Long-Term Disability

- Continue Self-paying current Long-Term Disability
- Waive Long-Term Disability for duration of active duty

Payment Options (Check one)

- Pre-pay from final paycheck
- Pre-pay from annual leave and/or accrued compensatory leave paychecks (contact agency pay clerk)
- Self-pay; I understand I will be billed each pay period.

Signature _____ Date _____