Listed below are the health plan choices offered by your group and the associated monthly rates for each. If you wish to select coverage, please complete the appropriate spaces below and check the box next to your 2016 Health Plan Choices and indicate the Tier (Single, etc.)

Member Information

Name

Address

City,State Zip

Date of Birth *Social Security No.*

Hire Date M ☐ F ☐ *Gender*

Diocese of Minnesota

0510 *Group #* *Medical Billing Unit*

Employer's Name

Employer's Address

Dependent Information

You may obtain coverage for your eligible children who are age 30 or younger. If your group offers domestic partnership coverage, attach supporting documentation with this form. If you wish to enroll one or more dependents, please attach an additional sheet which includes the following information for each: Name, Social Security Number, Gender (M/F), Date of Birth, and Relationship to Employee (Spouse, Child).

2016 Health Plan Choices

MEDICAL

Option Code	2016 Election (check one) ↓ Plan Name	Single	Emp+1	Family	System Code
MEAP	☐ EAP	$5	$5	$5	EAPONLY
MGOP	☐ CIGNA Open Access Plus	$714	$1,285	$1,999	CIGNAOAP
MHBR	☐ Anthem BCBS High Deductible Plan 40	$482	$868	$1,350	ANTHDHP40
MHDE	☐ Anthem BCBS High Deductible Health Plan	$533	$959	$1,492	EMPHDHP
MHDG	☐ Anthem BCBS High Deductible Plan 15	$603	$1,085	$1,688	ANTHDHP15
MSG3	☐ Anthem PPO MS 80/60	$608	$1,094	$1,702	BCPPO80MSP
MSP0	☐ Anthem PPO 90/70	$800	$1,440	$2,240	BCBSPPO
MSPV	☐ Anthem PPO 75/50	$640	$1,152	$1,792	BCPPO75
MSPZ	☐ Anthem PPO 80/60	$714	$1,285	$1,999	BCPPO80
	☐ I decline medical coverage				

MEDICAL (check one) ↓

☐ **Single**
☐ **Emp+1**
☐ **Family**

DENTAL

Option Code	2016 Election (check one) ↓ Plan Name	Single	Emp+1	Family	System Code
DD25	☐ Dent&Ortho-25/75	$58	$104	$162	DENTAL25
	☐ I decline dental coverage				

DENTAL (check one) ↓

☐ **Single**
☐ **Emp+1**
☐ **Family**

When you have made your decision, sign and return this form to your administrator as indicated below.

Employee's Signature *Date*

MAIL THIS FORM TO:

Elizabeth Geno
Diocese of Minnesota
1730 Clifton Pl Ste 201
Minneapolis, MN 55403-3242

TO BE COMPLETED BY THE GROUP ADMINISTRATOR

I hereby certify that this applicant is eligible for coverage and, to the best of my knowledge, all the information provided above is correct.

Administrator's Signature *Date*