

COUNTY OF SANTA CRUZ

INSURANCE ENROLLMENT FORM

Name: _____
 Address: _____
 City, State, Zip: _____

New Change Cancel
 Social Security #: _____
 Employee #: _____
 Sex: Male Female
 Married: Yes No

If dependent medical coverage was elected on CalPERS form HBD-12, please list your dependent(s) choice of Primary Care Physician (required to process HMO enrollment):

Dependent(s) Name (First, MI, Last)	Primary Care Physician Name (First, Last)	Dependent(s) Name (First, MI, Last)	Primary Care Physician Name (First, Last)

Dental & Vision - I elect to enroll in:

(select one dental plan)

- Delta Preferred Option (DPO – Basic)
 DeltaCare
 Delta DPO+ (Buy-up option)

Please process enrollment for my dependent(s) listed below:

Add Dental	Add VSP	Delete Dental	Delete VSP	Dependent(s) Name (First, MI, Last)	Social Security #	Date of Birth	Family Relationship	Currently Enrolled	
								Dental	VSP

FHA (Flexible Health Allowance) Enrollment

Medical Plan Name: _____ EE only EE + One EE + Two or More

I select the following FHA program option (select one option):

- #1 Medical Only (default) #2 VSP Dependent Vision & Medical
 #3 DPO+ Dental & Medical #4 VSP Dependent Vision & DPO+ & Medical

If I elect to enroll my dependent(s) in the vision plan, I authorize deductions to be made from my salary to pay the cost* of dependent enrollment. I also understand that my dependent(s) must remain on the vision plan for the entire plan year.

If I elect to enroll in Delta DPO+, I authorize deductions to be made from my salary to pay the cost* of this buy-up option. I also understand that myself and my dependent(s) must remain on the Delta DPO+ plan for the entire plan year.

FHA option selections remain in effect for the entire plan year and can be changed during open enrollment each year.

*Cost subject to change and is communicated to employee during the open enrollment period each year.

Employee Signature _____ Contact Phone # _____ Date _____

* * * * *

This Section For Benefits Office Use Only:

Comments: _____

Certificate(s) on file: Marriage DP Birth

Permitting Event Date Mo / Day / Yr	Effective Date Mo / Day / Yr	HBO Rec'd Date Mo / Day / Yr	Bargaining Unit	HBO Initials Mo / Day / Yr	Supervisor Approval Mo / Day / Yr