

**Open Enrollment 2009 - Declaration Form**  
**\*This form must be completed by ALL full-time employees\***

Printed Name: \_\_\_\_\_ Dept: \_\_\_\_\_

<b>Health Insurance (United HealthCare)</b>	<b>Action Required</b>
<input type="checkbox"/> I would like to remain on the current 6FI (PLATINUM BUY-UP) Plan with no change in my coverage. I understand that a payroll deduction will begin on 4/14/09 for employee coverage.	None
<input type="checkbox"/> I would like to make a change to my health coverage:	
<input type="checkbox"/> Switch Plans (Required for 7JB and F90 enrollees)	Complete <i>UHC Health Enrollment Form</i>
<input type="checkbox"/> Add a dependent	Complete <i>UHC Health Enrollment Form</i>
<input type="checkbox"/> Drop	Complete <i>UHC Health Enrollment Form</i>
<input type="checkbox"/> Waive	None

<b>Short-Term Disability (The Guardian)</b>	
<input type="checkbox"/> Enroll	Complete <i>Guardian Enrollment Form</i>
<input type="checkbox"/> Waive	Complete <i>Guardian Enrollment Form</i>

<b>Dental (The Guardian)</b>	
<input type="checkbox"/> Maintain current enrollment status	Complete <i>Guardian Enrollment Form</i>
<input type="checkbox"/> Enroll (new enrollees only)	Complete <i>Guardian Enrollment Form</i>
<input type="checkbox"/> Switch Plans	Complete <i>Guardian Enrollment Form</i>
<input type="checkbox"/> Add a dependent	Complete <i>Guardian Enrollment Form</i>
<input type="checkbox"/> Drop Coverage	Complete <i>Guardian Enrollment Form</i>
<input type="checkbox"/> Waive	Complete <i>Guardian Enrollment Form</i>

<b>Voluntary Life (The Guardian)</b>	
<input type="checkbox"/> Maintain current enrollment status	Complete <i>Guardian Enrollment Form</i>
<input type="checkbox"/> Enroll (new enrollees only)	Complete <i>Guardian Enrollment Form</i> and <i>Guardian Evidence of Insurability</i>
<input type="checkbox"/> Increase coverage	Complete <i>Guardian Enrollment Form</i> and <i>Guardian Evidence of Insurability</i>
<input type="checkbox"/> Add a dependent	Complete <i>Guardian Enrollment Form</i> and <i>Guardian Evidence of Insurability</i>
<input type="checkbox"/> Drop Coverage	See Tiffany Grennell in HR
<input type="checkbox"/> Waive	Complete <i>Guardian Enrollment Form</i>

<b>Cancer Insurance (Allstate)</b>	
<input type="checkbox"/> Maintain current enrollment status	None
<input type="checkbox"/> Enroll (new enrollees only)	Complete <i>Allstate Evidence of Insurability</i>
<input type="checkbox"/> Add a dependent	Complete <i>Allstate Evidence of Insurability</i>
<input type="checkbox"/> Drop Coverage	See Tiffany Grennell in HR
<input type="checkbox"/> Waive	None

Signature: \_\_\_\_\_ Date: \_\_\_\_\_