TOWN OF DEDHAM
ELECTION FOR CONTINUATION OF COVERAGE OF HEALTH INSURANCE
to a
RATE SAVER HEALTH INSURANCE PLAN
ENROLLMENT FORM

INSTRUCTIONS

- Use this form ***only*** if you are changing to the rate saver plan offered by your current health insurance provider.

- Do not use this form if you are ***changing from one health insurance provider to another*** (i.e., Harvard Pilgrim to Fallon). Please complete an enrollment form for the health insurance provider you are changing to. Enrollment forms are available on the Town website http://tinyurl.com/health-insurance-changes at the Treasurer's Office, School Offices, and the Informational Sessions. the Informational Sessions. the Informational Sessions.

First Name **MI** **Last Name**

Social Security Number - -

Date of Birth - -

PLAN CHANGE
(Please check One)

- [ ] Please change my current enrollment in BC/BS Network Blue NE HMO ***to*** BC/BS Network Blue NE Options Rate Saver
- [ ] Please change my current enrollment in Fallon Select Care HMO ***to*** Fallon Select Care HMO Rate Saver
- [ ] Please change my current enrollment in Fallon Direct Care HMO ***to*** Fallon Direct Care HMO Rate Saver
- [ ] Please change my current enrollment in Harvard Pilgrim Health Care HMO ***to*** Harvard Pilgrim Health Care HMO Rate Saver
- [ ] Please change my current enrollment in Tufts Health Plan HMO ***to*** Tufts Health Plan Navigator HMO Rate Saver

This form must be signed to be valid. By signing below I understand that I am enrolling in the Rate Saver plan offered by my current Health Plan provider listed above effective **July 1, 2012.**

EMPLOYEE'S SIGNATURE **DATE**

Please return this form to Debbie Deegan at the Treasurer's Office no later than **Friday, May 4, 2012**