JTS The Jewish Theological Seminary

2018
ENROLLMENT WORKSHEET

Reason for Enrollment (Please Select)
- ☐ Annual Open Enrollment
- ☐ New Hire Open Enrollment
- ☐ Other

MEDICAL | DENTAL | VISION

Employee Information (please print clearly)

Last Name	First Name	M.I.	Gender

Home Mailing Address	City	State	Zip Code

Your Social Security Number	Your Phone Number	Your Date of Birth
	(_____)	____/____/____

Job Title	Location	Date of Hire
		____/____/____

Cigna Medical Health Insurance

Please Select	All Contribution Rates are Monthly	Employee	Employee/Partner	Employee/Child(ren)	Employee/Family
☐	Gold POS	☐ $99.77	☐ $573.83	☐ $485.61	☐ $845.54
☐	Platinum EPO	☐ $30.63	☐ $432.09	☐ $365.10	☐ $635.87
☐	HSA	☐ $30.63	☐ $432.09	☐ $365.10	☐ $635.87
☐	Waiving Coverage Please Indicate Reason *Reason for Refusal (Please check all appropriate boxes.)* ❑ Other group coverage sponsored by my parent's employer ❑ Other group coverage sponsored by my spouse's employer ❑ Other group coverage sponsored by another organization ❑ Other coverage through a state or federally based exchange ❑ Other reasons (please explain)_____ **Please provide name of carrier and policy number:** _____				

Delta Dental Insurance

Please Select	All Contribution Rates are Monthly	Employee	Employee/Partner	Employee/Child(ren)	Employee/Family
☐	PPO Plus Premier	☐ $0.00	☐ $60.50	☐ $84.04	☐ $144.52

VSP Vision Insurance

Please Select	All Contribution Rates are Monthly	Employee	Employee/Partner	Employee/Child(ren)	Employee/Family
☐	Basic Plan | Frames 24 Months	☐ $6.72	☐ $10.75	☐ $10.98	☐ $17.70
☐	Premier Plan | Frames 12 Months	☐ $8.86	☐ $14.17	☐ $14.47	☐ $23.33

Dependent Information (please print clearly)

Dependent #1:

Last Name	First Name	M.I.	Gender

Dependent Social Security Number	Relationship	Dependent Date of Birth

Dependent #2:

Last Name	First Name	M.I.	Gender

Dependent Social Security Number	Relationship	Dependent Date of Birth

Dependent #3:

Last Name	First Name	M.I.	Gender

Dependent Social Security Number	Relationship	Dependent Date of Birth

Dependent #4:

Last Name	First Name	M.I.	Gender

Dependent Social Security Number	Relationship	Dependent Date of Birth

Dependent #5:

Last Name	First Name	M.I.	Gender

Dependent Social Security Number	Relationship	Dependent Date of Birth

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Authorization

Employee Name	Date