

**DELAWARE CARDIOVASCULAR ASSOCIATES**

**HEALTH AND DENTAL INSURANCE CHOICE FORM**  
**FOR 2011-12 PLAN YEAR (JUNE 1, 2011-MAY 31, 2012)**

NAME OF EMPLOYEE: \_\_\_\_\_ SSN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

**HEALTH INSURANCE COVERAGE TYPE CHOSEN (please check ONLY one Box):**

- Aetna POS 10 (BASIC HMO Plan, provided at no cost to Full Time employees at single coverage)
- Aetna CPOS CS1 (Higher Coverage PPO Plan, with employee responsible for the premium differential over the POS 10 single coverage premium )
- DCA Health Insurance Waived due to having alternative coverage.

For waiver, indicate Alternative coverage Information:

Plan Name: \_\_\_\_\_ Group Name: \_\_\_\_\_

Coverage through:  Spouse (Name: \_\_\_\_\_ )

**HEALTH COVERAGE LEVEL CHOSEN (as applicable):**

- Employee Only                       Employee + Child(ren)
- Employee + Spouse                   Employee + Family

**DENTAL INSURANCE COVERAGE CHOSEN (please check ONLY one Box):**

- DCA- DENTAL (Delta Dental PPO Plus Premier 4 Plan)
- DCA Dental Insurance Waived due to having alternative coverage

**DENTAL COVERAGE LEVEL CHOSEN (as applicable):**

- Employee Only                       Employee + ONE dependent
- Employee+Family

- Short-Term Disability, Accidental Death & Dismemberment and Life Insurance provided to all DCA Full-time Employees at DCA expense

I HAVE BEEN PROVIDED A COPY OF THE HEALTH AND DENTAL INSURANCE PREMIUMS AND THE APPLICABLE COSTS FOR ME, DEPENDING ON MY CHOICE OF INSURANCE AND COVERAGE REQUESTED. I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR ANY MONTHLY PREMIUM COSTS OVER THE BASIC (POS 10) HEALTH PLAN AND THE DELTA DENTAL PLAN, BOTH OF WHICH ARE PROVIDED AT NO COST TO THE EMPLOYEE AT THE SINGLE (EMPLOYEE ONLY) COVERAGE LEVEL. I AM AUTHORIZING DCA TO DEDUCT THE MONTHLY PREMIUM DIFFERENTIALS IN TWO EQUAL INSTALLMENTS FROM THE FIRST TWO PAYCHECKS EVERY MONTH. I UNDERSTAND THAT THE ENROLLMENT IS ONLY COMPLETE UPON MY SUBMITTING THE NECESSARY HEALTH AND DENTAL FORMS IN A TIMELY MANNER. I UNDERSTAND THAT THE HEALTH AND DENTAL INSURANCE COVERAGE, EFFECTIVE DATES AND PREMIUM ARE MONTHLY, AND CANNOT BE STARTED OR TERMINATED IN THE MIDDLE OF A MONTH.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date