

Annual HCC Optional Benefit Enrollment Summary

HCC Voluntary Benefits Only!!!!!!! (not for ERS benefits)

Fiscal Yr 2011 - 2012

Send this form to Benefit Department in person, by delivery to MC1120 or by fax to 713-718-8599. This is only a summary of your HCCS Optional Benefit changes, **not a vendor enrollment form**. **USE THIS FORM TO ENROLL IN VISION OR TEXAS LEGAL OR TO DROP ANY OPTIONAL PLAN. TO ENROLL IN AFLAC OR PRE-PAID LEGAL, CONTACT REPRESENTATIVE TO COMPLETE ENROLLMENT PAPERWORK.**

EE ID

Entered By

Date

Section A: Personal Data

National ID/SSN or HCC ID	Effective Date	Daytime Phone No
	9/1/2011	
Employee Name (Last, First, MI)	Mailing Address	

Section B: HCCS Optional Benefits Coverage Elections or Drops

(To enroll in Vision or Texas Legal, also attach vendor enrollment form to be sent to vendor!)

AFLAC Supplemental Plans	<input type="checkbox"/> Drop All (To enroll, must contact representative at 713/462-8811 and complete their enrollment process)
United HealthCare (formerly Spectera) Vision Coverage	<input type="checkbox"/> Drop <input type="checkbox"/> Add <input type="checkbox"/> EE \$8.68 <input type="checkbox"/> EE + Sp \$17.37 <input type="checkbox"/> EE + Fam \$24.24 (To add, also attach vendor application available on HR website or from Benefits)
Colonial Supplemental Plans	<input type="checkbox"/> Drop All (Additions Not Possible)
Central United Supplemental Plans	<input type="checkbox"/> Drop All (Additions Not Possible)
Texas Legal Protection Plan	<input type="checkbox"/> Drop <input type="checkbox"/> Add <input type="checkbox"/> EE \$16.50 <input type="checkbox"/> EE + Fam \$24.50 To add, also attach vendor application available on website or from Benefits)
Pre-Paid Legal & ID Theft	<input type="checkbox"/> Drop All (To Add must contact representative at 281/773-8994 and complete company enrollment process)

Section C: Authorization

I authorize the above changes to my HCCS optional benefits effective 9/1/11 and authorize payroll deductions.

Completion of this form does not guarantee enrollment in the above plans. An application on vendor's form must also be completed in conjunction with any elected benefit. AFLAC and Prepaid Legal applications are completed *directly* with company representative due to variety of plans and options. Vendor will advise monthly premium and a separate deduction authorization is required. **This Form and vendor enrollment forms must be received by Friday August 5, 2011 end of business.**

Please sign below to confirm that you have read and understand the above statement.

Employee Signature

Date

HR Benefits Department Contact Information
713-718-2255 hrbenefits@hccs.edu