

**GREENE COUNTY EMPLOYEES
INSURANCE ELECTION FORM**

1. Dental Insurance

I acknowledge that I have received information, via the county website, regarding dental insurance benefits available to me as a Greene County employee benefit. I make the following election regarding dental insurance coverage:

(initial one line only)

- I elect dental insurance coverage for myself only
- I elect dental insurance coverage for myself and my spouse.
- I elect dental insurance coverage for myself and children
- I elect dental insurance coverage for myself, spouse, and children.
- I decline dental insurance coverage.

2. Vision Insurance

I acknowledge that I have received information, via the county website, regarding vision insurance benefits available to me as a Greene County employee benefit. I make the following election regarding vision insurance coverage:

(initial one line only)

- I elect vision insurance coverage for myself only
- I elect vision insurance coverage for myself and my spouse.
- I elect vision insurance coverage for myself and children.
- I elect vision insurance coverage for myself, my spouse, and my children.
- I decline vision insurance coverage.

3. Health Insurance

I acknowledge that I have received information, via the county website, regarding health insurance benefits available to me as a Greene County employee benefit. I make the following election regarding health insurance coverage:

(initial one line only)

- I elect health insurance coverage for myself only
- I elect health insurance coverage for myself and my spouse.
- I elect health insurance coverage for myself and children.
- I elect health insurance coverage for myself and my family.
- I decline health insurance coverage.

I understand that these elections will not become effective until A) I have returned this form and enrollment applications to the payroll clerk in the County Auditor's Office; **and** B) I have been employed for 60 days. I have made these elections after reviewing program information and premium costs provided on the county's website. I understand that, in addition to this election form, I will be required to complete and return to the payroll clerk an employee enrollment form for each coverage elected, and that those forms are available to me on the county's website.

I have made these elections this ____ day of _____ (month), 20____ (year).

_____(signature)

_____(printed name)