



**Southwestern Oregon Community College  
Human Resources/Payroll Office  
PART-TIME (20-31) CLASSIFIED  
October 2011-September 2012**

**ODS MEDICAL PLAN 5**

Medical only	91.79	Medical/Dental 1	152.25
Medical/Dental 4	141.48	Medical/Dental 8	132.28

**ODS MEDICAL PLAN 6**

Medical only	40.49	Medical/Dental 1	100.95
Medical/Dental 4	90.18	Medical/Dental 8	80.98

**ODS MEDICAL PLAN 7**

Medical only	0.00	Medical/Dental 1	57.54
Medical/Dental 4	46.77	Medical/Dental 8	37.57

**ODS MEDICAL PLAN 9**

Medical only	0.00	Medical/Dental 1	30.26
Medical/Dental 4	19.49	Medical/Dental 8	10.29

**NO MEDICAL (circle options, employee contribution is \$0.00)**

Dental 1      Dental 4      Dental 8      Vision

I, \_\_\_\_\_, elect to participate in the medical/vision/dental insurance plan indicated above. I understand that the amount will be deducted from my paycheck each month to cover my portion of the insurance premiums. Premiums will be pre-tax unless initialed below.

\_\_\_\_\_ Employee's Signature      \_\_\_\_\_ Date

\_\_\_\_\_ Please initial here if you have chosen to opt out of all coverage - medical, dental & vision

\_\_\_\_\_ Please initial here if you are declining to have your premiums pre-tax.

If you have any questions, contact Rachele Summerville at ext. 7259 or [rsummerville@socc.edu](mailto:rsummerville@socc.edu).