Southwestern Oregon Community College

**Human Resources/Payroll Office**

**PART-TIME MASSC**

**October 2011-September 2012**

## ODS MEDICAL PLAN 5

| | | | |
|---|---|---|---|
| Medical only | 71.88 | Medical/Dental 1 | 132.34 |
| Medical/Dental 4 | 121.57 | Medical/Dental 8 | 112.37 |

## ODS MEDICAL PLAN 6

| | | | |
|---|---|---|---|
| Medical only | 20.58 | Medical/Dental 1 | 81.04 |
| Medical/Dental 4 | 70.27 | Medical/Dental 8 | 61.07 |

## ODS MEDICAL PLAN 7

| | | | |
|---|---|---|---|
| Medical only | 0.00 | Medical/Dental 1 | 37.63 |
| Medical/Dental 4 | 26.86 | Medical/Dental 8 | 17.66 |

## ODS MEDICAL PLAN 9

| | | | |
|---|---|---|---|
| Medical only | 0.00 | Medical/Dental 1 | 10.35 |
| Medical/Dental 4 | 0.00 | Medical/Dental 8 | 0.00 |

## 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.