



MEDICAL/DENTAL BENEFIT ENROLLMENT/CHANGE FORM



Initial Enrollment, Open Enrollment, Marriage, Birth/Adoption, Employment Status Change, Special Enrollment, Cancellation, Other

B. EMPLOYEE INFORMATION

Last Name, First Name, MI, Social Security Number, Street Address, City, State, Zip, Home Phone, Work Phone, Full Time, Part Time, Date of Birth, Date of Hire, Location, Sex, Marital Status

C. COVERAGE SELECTION (RATES LISTED ON BACK) All Healthcare Premiums are Pre-tax

MEDICAL (check one), Effective Date, TUCSON, NEW MEXICO, CTIO, CIGNA-AZ OPEN ACCESS PLUS, CIGNA- NM-OPEN ACCESS PLUS, CIGNA INTERNATIONAL

I WAIVE/DECLINE ALL HEALTH COVERAGE FOR WHICH I AM ELIGIBLE FOR MYSELF AND ANY ELIGIBLE DEPENDENTS

DENTAL (check one), Effective Date

ARIZONA ONLY, EMPLOYERS DENTAL SERVICES, ALL AREAS, METLIFE\*

I WAIVE/DECLINE ALL DENTAL COVERAGE FOR WHICH I AM ELIGIBLE FOR MYSELF AND ANY ELIGIBLE DEPENDENTS

D. FAMILY INFORMATION

List all dependents that can be included on your plan whether or not coverage is selected. Indicate coverage choice for each dependent.

Table with columns: Last Name, First Name, MI, Relationship, Sex, Date of Birth, Social Security Number, Coverage, Change Add/Delete/Waive, F/T Student

E. OTHER HEALTH INSURANCE INFORMATION (THIS SECTION MUST BE COMPLETED)

On the day coverage begins will any family member including those not listed above be covered by another health or dental insurance or Medicare? YES NO

I declare that the information given above is true and complete to the best of my knowledge and belief. I hereby authorize AURA/NOAO, until further notice, to deduct my contribution (if any) from my paycheck for the cost of all employee benefits I have elected.

Employee Signature, Date Signed

## 2009 Benefit Renewal Premium Rates

### Active Employee Plans

Effective January 1, 2009

Location	Dental Insurance Plans		Full-time Employees	Part-time Employees
Tucson	<b>Employers Dental Services</b>	New Rates paid by AURA/month	New Per Paycheck Deduction *	New Per Paycheck Deduction **
	Employee	\$11.74	\$0.00	\$2.71
	Employee +1	\$20.40	\$2.00	\$5.71
	Employee +2 (or more)	\$27.79	\$3.76	\$8.27
All areas	<b>MetLife</b>	Monthly Rate paid by AURA/month	Per Paycheck Deduction *	Paycheck Deduction **
	Employee	\$41.86	\$0.00	\$9.66
	Employee + Spouse	\$83.47	\$9.60	\$24.06
	Employee + Child(ren)	\$88.80	\$10.83	\$25.91
	Employee + Family	\$126.44	\$19.52	\$38.94
Arizona	<b>CIGNA-AZ</b>	New Rates paid by AURA/month	New Per Pay Check Deduction *	New Per Paycheck Deduction **
	Employee	\$474.39	\$0.00	\$109.47
	Employee +1	\$949.04	\$109.53	\$273.78
	Employee Family	\$1,413.4	\$216.71	\$434.53
New Mexico	<b>CIGNA-NM</b>	New Rates paid by AURA/month	New Per Pay Check Deduction *	New Per Paycheck Deduction **
	Employee	\$800.13	\$0.00	\$184.65
	Employee +1	\$1,609.65	\$186.81	\$464.86
	Employee + Family	\$2,338.31	\$354.96	\$717.09
Expatriates	<b>Combined Medical &amp; Dental Insurance Plans</b>			
	<b>Cigna International</b>	New Rates paid by AURA/month	New Per Pay Check Deduction *	New Per Paycheck Deduction **
	Employee	\$491.71	\$0.00	\$113.47
	Employee +	\$1,072.46	\$134.02	\$314.50
Employee +2 (or more)	\$1,584.93	\$252.28	\$491.89	

\*Actual employee Deduction may be lower due to premium capping

\*\*Employee Deduction may be lower due to hours scheduled and premium capping- contact HR for your rate