

Benefit Selection Form



Group Name: Dodge City Diocesan Employees

Group Number: 07726, 01-22

Effective dates from October 1, 2011 to September 30, 2012

COMPLETE ALL INFORMATION BELOW:

Employee Name (print) _____ BCBSKS ID# or SSN _____

ELECTION

Complete this section only if you are making a change in the deductible amount. You may lower your deductible by one level (3 to 2, 2 to 1). You may raise your deductible by one or two levels (1 to 2, 1 to 3, 2 to 3).

- ~~Option 1~~ ~~\$500/\$1000 deductible~~ **This Option not available**
- Option 2** \$1000/\$2000 deductible
- Option 3** \$1500/\$3000 deductible
-
-

Employee Signature _____ Date _____