



CAPE COD COLLABORATIVE EMPLOYEE BENEFITS ELECTION FORM

418 Bumps River Road • Osterville, MA 02655

www.capecodcollaborative.org

HEALTH INSURANCE	Accept	Decline
BCBS Network Blue NE HMO		
Harvard Pilgrim HMO		
BCBS HSAQ HMO		
Harvard Pilgrim HSAQ HMO		

DENTAL INSURANCE	Accept	Decline
Delta Dental PPO Plus Premier		

HEALTH SAVINGS ACCOUNT	Accept	Decline
Flexible Spending Account (FSA)		
Health Savings Account (HSA)*		

*Employees must select HSAQ health insurance.

INSURANCE	Accept	Decline
Group Life - Basic Term Life AD&D (\$10,000)		
Voluntary Term Life		
Voluntary Long Term Disability		

DEFERRED COMPENSATION PLAN	Accept	Decline
Cape Cod Collaborative 403(b) Plan		
Cape Cod Collaborative 457(b) Plan		

EMPLOYEE CERTIFICATION

I have read the Benefit Summary, understand my options, and have made my selections accordingly. I understand that the open enrollment period for health and dental coverage is in May (for changes to take effect July 1), and that this is the only time I can change my health and dental selections unless I experience a qualifying event (such as birth, marriage or divorce).

Employee Name (please print)

Employee Signature

Date