



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		
HMO New England Saver (BCBS)		
Harvard Pilgrim HSAQ HMO		

DENTAL INSURANCE	Accept	Decline
Delta Dental PPO Plus Premier		

VISION PLAN	Accept	Decline
EyeMed Vision Plan		

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

*Employees must select HSAQ health insurance.

GROUP LIFE, VOLUNTARY LIFE, AND LONG-TERM DIABILITY	Accept	Decline
Group Life – Basic Term Life AD&D (\$10,000)		
Voluntary Term Life		
Voluntary Long Term Disability		

PORTAL LIFE INSURANCE PLANS Employee pays full premium	Accept	Decline
ECIP -Employee Critical Illness Plan		
ELOP – Whole Life Insurance		
GAC – Group Accident Coverage		

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)

Date