Benefit Election Form - Plan year 01/01/24 – 12/31/24

Rates shown are per Pay Period

BCBS Medical + Dental

You are currently enrolled in:

Please Select: ☐ No Changes ☐ Enroll ☐ Make a Change

Option 2 - $5000 + Dental	☐ **$47.80**	☐ **$206.96**	☐ **$192.00**	**$452.33** ☐ **$342.54**	

B. If you are ADDING or REMOVING a Spouse and/or Dependent on your Medical, please complete below:

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Surency Vision