

Employee Name (please print)

Employee ID #

**Mandatory 2011/12 Open Enrollment Waiver
Return to Employment and Benefits Department**

All employees are required to complete this waiver validating their choice to participate or decline the 2011/12 "Open Enrollment" with Willamette Dental and CIGNA Voluntary Supplemental Term Life insurances.

WILLAMETTE DENTAL (Please check one box, sign and date)

I understand that I have the opportunity to enroll in the Willamette Dental plan. I choose to decline election at this time and understand that I must experience an IRS qualifying event to enroll at a later date.

Signature _____ Date _____

OR

I am electing to decline my current coverage with Delta Dental and enroll in the Willamette Dental plan with an effective date of September 1, 2011. Attached is a completed Willamette Dental enrollment form. Employment & Benefits must receive this by June 17, 2011 to qualify for Willamette coverage.

Signature _____ Date _____

CIGNA SUPPLEMENTAL VOLUNTARY TERM LIFE (Please check one box, sign and date)

I elect to enroll in the CIGNA Supplemental Term Life Open Enrollment for voluntary term life insurance up to \$500,000 or 5 times my annual salary, whichever is less, with up to \$100,000 not requiring proof of insurability. I will complete the required enrollment form provided by CIGNA in a separate mailing to my home, and will mail it to CIGNA for processing by June 17, 2011.

Signature _____ Date _____

OR

I decline enrollment in the CIGNA Supplemental Term Life "Open Enrollment" period. I understand that if I decline to enroll at this time, future enrollment may require proof of insurability.

Signature _____ Date _____

IMPORTANT: This form must be completed and returned to Employment & Benefits prior to June 17, 2011. An Early Bird drawing will be held on May 31, 2011 for some great prizes, for waivers received by this date.