

**MEDICAL DECLINATION  
NON-BENEFITS-ELIGIBLE STIPEND PROGRAM**  
For Faculty, Administrative and Hourly\* Benefits-Eligible Employees  
\*Union Employees should refer to their union contract

**ENROLLMENT FORM**

**Complete the following sections, sign where indicated and return by December 3, 2010.**

**Section I**    *Check one:*

- I wish to drop my existing medical insurance coverage with the Colleges effective midnight, January 1, 2011. The \$800 non-benefits stipend will be paid January 21, 2011.
- I currently have medical insurance coverage elsewhere and do not participate with the medical insurance program at the Colleges. The \$800 non-benefits-eligible stipend will be paid January 21, 2011.

**Section II**    *Check one:*

- Option One:** Please include the \$800 non-benefits-eligible stipend in my January 21, 2011, paycheck subject to my regular tax withholdings.
- Option Two:** Please deposit the \$800 non-benefits eligible stipend, in total into my regular TIAA-CREF account. I understand that this stipend is subject to the normal limits on plan contributions and that related Social Security and Medicare taxes, totaling \$61.20, will be deducted from my January 21, 2011, paycheck. I understand that I must complete the IRS-required "Salary Reduction Agreement" to elect this option.

**Section III**    *Read, Sign and Date:*

- I understand that in order to be eligible for this benefit in subsequent years, I must continue to be a non-participant in the Colleges' medical insurance program for twelve full months.
- I understand that in the event that I should lose my alternative coverage at any time, I have the option to enroll or re-enroll in the Colleges' medical insurance program within thirty days from the date of that loss. I also understand that I have the option to enroll or re-enroll in the Colleges medical insurance program during any annual open enrollment with an effective date of January 1 of the following year, thus ending my participation with the non-benefits-eligible stipend program.
- I understand that the Colleges have the right to amend or terminate this benefit at any time.
- I authorize the Colleges to process my elected option for the January 21, 2011, payroll as indicated above.

\_\_\_\_\_  
Employee Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources Signature

\_\_\_\_\_  
Date