



DUAL CHOICE Plan Selection Form - Package 4

Your employer offers you a choice of health plans. To enroll or renew in your PacificSource coverage, please select a plan from the list below. It's important that you consider your choice carefully. You will be allowed to switch plans at your employer's next annual renewal date, but not before then.

All eligible employees must complete this form.

- Please check one box below to indicate the plan you wish to enroll in:
- Standard Plan - Preferred 1500+35**
\$1,500 per person/\$3,000 per family annual deductible for some services and copayments for others. Office visits require a \$35 copayment; hospitalization is covered at 80% after annual deductible.
 - Buy-up Plan - Preferred 1000+15**
\$1,000 per person/\$3,000 per family annual deductible for some services and copayments for others. Office visits require a \$15 copayment; hospitalization is covered at 80% after annual deductible.

Please complete for each family member you wish to enroll. List the oldest child first.			
	LAST NAME	FIRST NAME	SOCIAL SECURITY NO.
EMPLOYEE			
SPOUSE			
CHILD			
CHILD			
CHILD			
CHILD			
CHILD			
CHILD			

Group (Employer) Name

Employee Signature

Date

Important notice: The plan descriptions above are very brief and serve only as summaries of each plan's major features. More complete information can be found on a benefit summary. If you have any questions, please contact your benefits administrator or the PacificSource Marketing staff.

Please submit completed form to your benefits administrator.