

NON AFFILIATED SUPPORT STAFF (FULL YEAR) ENROLLMENT INSTRUCTIONS



Before proceeding with the following, please read the General Benefits Information Sheet for specifics regarding eligibility, employee deductions, etc. After determining which benefits you would like to enroll in, follow the enrollment instructions below for those benefits.

Medical

Complete sections 1, 2, and 3 of the Priority Health Enrollment form.

Cash In Lieu (CIL) of Medical

Complete the Name, Social Security Number, Signature, and Date sections of the CIL Enrollment form. You must also enclose proof of other medical insurance (copy of medical insurance card) with the CIL form.

Dental

Complete ONLY the Subscriber, Dependent, Plans (check ultra dent), and Authorization sections of the SET SEG Dental Enrollment form.

Vision

Check the Ultra Vision Box under the Plans on the SET SEG Dental enrollment form.

Life

Complete ONLY the Subscriber, Beneficiary, and Signature sections of the SET SEG Life Insurance Enrollment form.

Once you have completed the appropriate forms, please send them by school mail to Fringe Benefits-Administration. For enrollment details regarding any other benefits, contact Shawn Stowe at 933-1720.