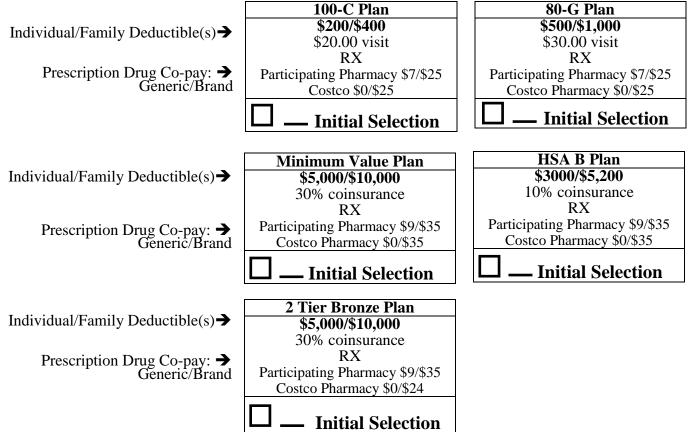


## Salida Union School District Blue Shield PPO Plan Selection Form

Employees may choose between one of the following PPO plans. Please make your selection by checking the box and initialing the plan of your choice.



The Summary of Benefits and Coverage for each plan are available in the Payroll department at the District Office for your convenience.

## <u>\*\*\*YOU MUST MAKE A SELECTION FROM ONE OF THE PPO PLANS ABOVE\*\*\*</u> <u>\*\*\*CHECK THE BOX AND INITIAL YOUR SELECTION.\*\*\*</u>

The completed form must be returned to the PAYROLL DEPARTMENT before the end of the open enrollment period along with the Blue Shield PPO Enrollment Form.

I understand that the only time that I may change from one Blue Shield PPO plan to another plan is during the district's designated Open Enrollment Period. If I gain a new dependent (i.e. marriage, birth or adoption), I can add those dependents by completing a change form, but I cannot change from one PPO plan to another PPO plan at any time except during the Open Enrollment Period.

## PRINT YOUR NAME CLEARLY

SIGNATURE