

# Oklahoma Higher Education Employee Insurance

## Open Enrollment/Change

### PLAN YEAR 2012

Institution: ROGERS STATE UNIVERSITY

Last Name	First Name	MI	SS #
Address		City	State
Birth date	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Married <input type="checkbox"/> Single	Phone #

**BlueCross/BlueShield (BCBS) Medical Plan:**

BC/BSOK High Option    
  BC/BSOK Basic Option    
  Waive Coverage (must provide proof of other group insurance)

BC/BSOK Dental (employee-paid)     Yes     No                     
 Vision Service Plan (employee-paid)     Yes     No

**Dependents/Options:** (must be enrolled with the same option employee selects)

	Add	Drop	Name	Relationship	Birth date	SSN	M/F
Health							
Dental							
Vision							
Health							
Dental							
Vision							
Health							
Dental							
Vision							
Health							
Dental							
Vision							
Health							
Dental							
Vision							
Health							
Dental							
Vision							

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

\_\_\_\_\_  
Date