

**Open Enrollment 2012  
Continuation of Benefits**

Complete, sign, and return this form to the HR Office no later than 2 December if you have decided not to make any changes to your current participation in the insurance plans.

\_\_\_ For the plan / calendar year 2012, I would like to continue enrollment in the medical, prescription drug, vision, dental and life insurance plans at the same levels elected and without any change.

\_\_\_ My domestic status remains the same as stated on my Domestic Status Affidavit.

I understand that if there are any changes in my domestic status during plan year 2012, I must complete a new Domestic Status Affidavit in order to elect changes in my health benefits and flexible benefit accounts, and to provide information for COBRA continuation of healthcare benefits for dependents.

Print name and sign: \_\_\_\_\_

\_\_\_\_\_

Date received by HRO: \_\_\_\_\_