

Insurance Change

I am opting for the following change(s) to my medical insurance:

Please mark with an X all requested changes.

I would like to move from my present Medical Plan to the Tiger 1 Medical Plan. (I understand that this transfer is irrevocable and I may not return to the present plan and I will receive payment of \$500 on the first payday in July if I elect this transfer)

I would like to move from my present Prescription Plan to the Tiger 3 Rx Plan. (I understand that this transfer is irrevocable and I may not return to the present plan and I will receive payment of \$1,000 on the first payday in July if I elect this transfer)

I would like to cancel my Medical Insurance effective _____.(Indicate Date)
I understand that I will receive a payment equal to 90% of my plan's single rate prorated over the normal pay cycle (90% of single rate divided by 26 or 27 pays).
And, that I may return to the Tiger 1 Medical Plan during the open enrollment period or if a qualifying event occurs.

I would like to cancel my Prescription Insurance effective _____.(Indicate Date)
I understand that I will receive a payment equal to 90% of my plan's single rate prorated over the normal pay cycle (90% of single rate divided by 26 or 27 pays).
And, that I may return to the Tiger 1 Prescription Plan during the open enrollment period or if a qualifying event occurs.

Signature of Person Requesting Change

Date