CONTINUATION OF MEDICAL AND/OR DENTAL COVERAGE /AND/OR FLEXIBLE SPENDING ACCOUNTS

BCBS Medical Elections	Total Premiums	Check Preference
Individual Only	**$ 497**	
Individual + Spouse	**$ 994**	
Individual + Children	**$ 869**	
Individual + Family	**$ 1,245**	

DR Dental Elections	Total Premiums	
Individual Only	**$ 36**	
Individual + One	**$ 78**	
Individual + Family	**$ 91**	

QCD Dental Elections – Red Plan		
Individual or Family	**$ 8**	

QCD Dental Elections – White Plan		
Individual Only	**$ 23.95**	
Individual + One	**$ 49.95**	
Individual + Family	**$ 74.95**	

Flexible Spending Account	Continued Amount
Unreimbursed Medical (URM)	

TOTAL MONTHLY PREMIUM DUE $ _____

Health/Dental – I would like to continue health and/or dental coverage as noted above with the Baylor University group plan effective _____. I understand this coverage will continue until I am (we are) covered with a comparable plan, Medicare or 18 months from the effective date, whichever comes first. It is my responsibility to notify Baylor University immediately should I become eligible for another insurance coverage.

If you are aware of the date that you will no longer require continued coverage for medical and/or dental indicate date here: Medical _____ Dental _____. **If a date is entered, your continuation of coverage will automatically be canceled on the date entered.**

The above noted rates are subject to change. I understand Baylor will bill me on the first day of each month and payment is due by the 10th of each month. (Example: October premiums are billed October 1 and are due by October 10th).

Flexible Spending Account – I would like to continue URM as noted above with the Baylor University group plan effective _____. I understand that I am eligible to continue until the end of the plan year in which the qualifying event occurs. (December 20XX)

Please send the monthly bills to: _____

Address: _____

_____

Telephone #: _____

_____ _____ _____

Signature **Baylor ID Number** **Date**

RETURN THIS FORM TO: Baylor University, Human Resources, One Bear Place # 97053, Waco, TX 76798-7053
Fax: 254.710.3819