FORMS AND APPLICATIONS
For
OPEN ENROLLMENT

Please Print this Page Prior to Clicking on Links

This section provides you with links to the necessary applications/forms that you must complete to enroll in the health, dental and/or life insurance plans. You only need to complete an application if you are new to the plan, or applying to increase your supplemental life insurance by more than one level. Information is also included if you are adding or deleting dependents to your plan(s). If you are not changing any benefit carriers or plans, you do not have to complete any additional forms.

Healthcare Plan comparisons can be found on the Human Resources' web site at http://cms.skidmore.edu/hr/benefits/benefitsprogaminfo.cfm **All Applications Must Be Competed and in Human Resources By November 30, 2009**

HEALTH CARE PLANS

Skidmore College PPO Plan (Blue Shield of Northeastern New York)
A copy of the Plan, can be found at the Human Resources' web site at http://cms.skidmore.edu/hr/benefits/benefitsprogaminfo.cfm. Please note that 2010 changes have not yet been included in the Plan document.

To complete the online enrollment form for this plan, click on the following link: https://secure.bsneny.com/online_services/nenymember/secure.php and input the following information:

- User ID: GE00961391 Password: Skidmore10 – click "sign in"
- Next click on Eservices, New Enrollment, Begin Enrollment
- Next input the following information: Effective Date 1/1/2010; Application Reason – Open Enrollment; Subgroup ID – Active; Class ID – Traditional Blue PPO 898
- Continue to next page and input your identifying information
- Your application will then be forwarded to Human Resources for review and approval.

If you are a current member and wish to delete or add a dependent, click on http://bsneny.com/, choose **Members**, and input your password. If you do not have a password, you can register at this step. Follow the steps for adding or deleting a dependent. Human Resources will receive notification from Blue Shield that this was done.

MVP Health Plan
A copy of this Plan can be obtained in Human Resources. Before completing this application, you will need to know if your doctor is participating in this Plan. You may do so at www.mvphealthcare.com, select the member tab. At the top right, click provider search, select HMO as your product, and Saratoga County (or whichever county you are looking at) from the map. A list of participating physicians will be displayed.

- To enroll in MVP, login to www.joinmvp.com,
- click "enroll online,
- enter Group Number as 211119,
- click on drop down box for medical enrollment and
- click "submit."
- Input your identifying information in the system

Once you complete the online form, it will be forwarded to Human Resources for approval.

If you are a current member and wish to delete a dependent, please remove the dependent from Skidmore's Benefits Enrollment System and send an email to jwood1@skidmore.edu or kcarter@skidmore.edu with the dependent's name and reason why they are being removed.

Capital District Physicians' Healthcare Plan (CDPHP)
A copy of this Plan can be obtained in Human Resources. If you wish to enroll in CDPHP, the enrollment form for must be downloaded from their website, printed and returned to Human Resources in Barrett Center by the close of open enrollment.. A copy of the application can be found at http://www.cdphp.com/images/Brokers/CDPHP_Member_Enrollment_Application_Change_OCR.pdf You may fill out on line, then print it out, sign it and forward to Human Resources by the close of Open Enrollment. To find participating physicians in this plan, click on the following link: http://cdphp.com/ and follow the link for Find-A-Doc. Input the Plan as "HMO."

If you are a current member and wish to delete a dependent, please remove the dependent from Skidmore's Benefits Enrollment System and send an email to jwood1@skidmore.edu or kcarter@skidmore.edu with the dependent's name and reason why they are being removed.

DENTAL PLANS:

Delta Dental - The enrollment form for Delta Dental must be downloaded, printed and returned to Human Resources in Barrett Center by the close of open enrollment. The following is the link for both Plan A and Plan B: http://cms.skidmore.edu/hr/benefits/upload/Delta-Dental-Enrollment-Form.pdf This form can be used for a new application, change from Plan A to Plan B (or vice versa), or add or remove a dependent. If you are currently enrolled, and wish to remain in your current plan, you do not have to do anything.

LIFE INSURANCE:

Reliance Standard: If you are electing Dependent Life Insurance or Supplemental Life Insurance for the first time, or are applying to increase your current Supplemental Life Insurance by more than one level, you must complete and submit an Evidence of Insurability to Human Resources by the close of open enrollment. The insurance company does have right of refusal. To download the form, click on the following link: http://cms.skidmore.edu/hr/benefits/upload/LifeInsuranceEvidenceofInsurabilityForm.pdf

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