

**SUNY SCHENECTADY COUNTY COMMUNITY COLLEGE**  
**Benefits Election Form**

**Name:**

**Hire Date:**

**Election Date:**

As a full-time employee of Schenectady County Community College, I elect the following benefit programs:

**CADA and Faculty**

Health Insurance

1. Empire Blue Cross/Blue Shield (\$20 PPO)  Individual  Family  
 2. MVP (\$20)  Individual  Two Person  Family

Dental Insurance

- Empire Dental  Individual  Family

Vision Insurance

- Davis Vision  Individual  Family

**CSEA**

Health Insurance

1. Empire Blue Cross/Blue Shield (\$20 PPO)  Individual  Family  
 2. MVP (\$20)  Individual  Two Person  Family

Dental Insurance

- Sunrise Dental  Individual  Family

Vision Insurance

- Davis Vision  Individual  Family

**Unrepresented**

Health Insurance

1. Empire Blue Cross/Blue Shield (\$20 PPO)  Individual  Family  
 2. MVP (\$20)  Individual  Two Person  Family

Dental Insurance

- Sunrise Dental  Individual  Family  
 Empire Dental  Individual  Family

Vision Insurance

- Davis Vision  Individual  Family

Deduction Amount: Health:          Dental:           Biweekly     Weekly    Sub Date (if applicable):

Signature:

Date: