White – Human Resources Yellow- Employee Pink – Payroll

Fiscal Year	r		
Prorated:	Yes	No	
Bi-weekly:	Yes	No	

Mississippi Valley State University BENEFIT DEDUCTION FORM

Idealth Insurance - Blue Cross Blue Shield of MSLegacyHorizon			10 Mo 9 ark. I understand the Amount to be Cancelled		ust be CAFE Plan
completed for any changes made. GROUP INSURANCES dealth Insurance - Blue Cross Blue Shield of MSLegacyHorizonSelect CoverageBase Coverageife - Minnesota Life InsuranceLFE-LIF-I5O Dental Insurance - Delta Dental Inc. or Brokers National Vision Insurance - EyeMed Vision Care Supplemental Insurances American Fidelity	Start Deduction	Amount to be	Amount to be	Date Processed	CAFÉ
Jealth Insurance - Blue Cross Blue Shield of MSLegacyHorizonSelect CoverageBase Coverageife - Minnesota Life InsuranceLFE-LIF-ISO	Deduction	1		Processed	
Select Coverage Base Coverage ife - Minnesota Life Insurance LFE-LIF-ISO Dental Insurance - Delta Dental Inc. or Brokers National ision Insurance - EyeMed Vision Care supplemental Insurances American Fidelity		(
ife - Minnesota Life Insurance LFE-LIF-I5O Pental Insurance - Delta Dental Inc. or Brokers National ision Insurance - EyeMed Vision Care supplemental Insurances American Fidelity					
ision Insurance - EyeMed Vision Care upplemental Insurances American Fidelity					
American Fidelity		(
American Fidelity					
Accident "AFA" pretax		7			
•					
Cancer "AFP" pretax					
Disability "AF" post tax				7	
Flex SpendingDependent Care "FSD"Healthcare "FSH"					
GAP "AFG" pretax					
Life "AFL" post tax		<u> </u>			
AFLAC					
Accident	*			,	
Cancer				. , , , , , , , , , , , , , , , , , , ,	
Hospital					
Life					
gna Life Insurance		*			
ax Sheltered Annuities (TSAs)				·	
American Express "AET"					
American Fidelity "AFT"			***************************************		
Equitable Life "ELT"					
ING "INT"					
TIAA CREF "TCT"					
VALIC "VAT"					
ississippi Deferred Compensation "DCT"					
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Employee Signature Date	Human Res	sources	Date		

I hereby apply for the options listed above. I authorize MVSU to adjust my pay as required by my election. I understand that this election is binding and cannot be revoked or modified until January 1 of each year, unless I experience a Life Status Change as defined in the Cafeteria Plan document (i.e. marriage, divorce, birth, etc.). I further understand that any amounts remaining in my account(s) not used for eligible expenses incurred during the plan year will be forfeited in accordance with the current plan provisions and tax laws.