



**Better Business Bureau 2011 OPEN ENROLLMENT ELECTION
FORM**

Subgroup Name: _____

I choose the for the 2011] Plan Year the following option:

- Plan Option 1 – POS SA2000
- Plan Option 2 – PPO QA2500
- Plan Option 3 – PPO QA5000-0
- I am currently enrolled and wish to term my Coverage
- I am NOT currently enrolled and still wish to waive Coverage

Printed Name: _____

SS# or PHS ID: _____

Primary Care Physician (PCP): _____

[If not listed, we will select one for you.]

Signature: _____

Date: _____

****If selecting the POS and you have multiple family members please indicate if all family members have the same PCP or list each member and the selected PCP**