

WELLESLEY COLLEGE

HUMAN RESOURCES

Wellesley College

Acknowledgement of Medical Plan Offer of Coverage

I acknowledge that I have been offered the opportunity to voluntarily elect or decline medical coverage for myself and my dependents under a College medical plan for the 2015 calendar year.

I further acknowledge that I have been provided access to documents describing the terms and conditions of coverage, coverage options, and costs of coverage under the College's medical plan, including summaries of benefits and coverage and summary plan descriptions. I have had the opportunity to review these documents in advance of my election.

I understand that I may contact Human Resources at Ext. 3202 if I have any questions about the College's medical plan.

Provided on _____ (Date)

Signed by _____ (Name)

On _____ (Date)

Please return this Acknowledgement to Human Resources, Green Hall, Wellesley College within 30 days of the "provided on" date noted above.

Rev. 1/2015

