

SAINT MARY'S UNIVERSITY OF MINNESOTA

CCStpa Open Enrollment
Change Form

Employee Name:

ID Number:

XZ

I elect to change myself and all covered dependents to the \$500 deductible plan effective January 1, 2008. I understand that I will be required to make a contribution toward the single monthly premium and a greater contribution to the family monthly premium. These premiums are subject to change as of September 1, 2008. I also understand that I will not be eligible to change between the plans again, until January 1, 2009 (unless plan options change).

Signature

Date