



TOWN OF LINCOLN

BENEFIT DECISION FORM

Employee Name: _____
Department: _____

I have been informed of the Town of Lincoln's insurance coverage options and costs, including pre-tax provisions which are available to me. You must choose yes or no under each option:

Table with columns: Insurance Options, Contribution, and I WISH TO PARTICIPATE (YES, NO). Rows include BCBS New England HMO Blue, BCBS Access Blue New England, Dental Blue - High/Low Option, DavisVision, Deferred Compensation Plan, Flexible Spending (CPA), Basic/Optional Life, Permanent/Disability Life, US Legal Services, Accident Insurance, Disability (Reliance)-School only, Credit Union, and Direct Deposit Form.

Contact Roger Goodson at LifePlus for information at Roger@lpins.com or 1-866-511-9222

Town employees contact Treasurer's Office/School employees contact school business office for enrollment cards

Employee Signature: _____ Date: _____