

ISAC Group Benefits Program

County Plan Selection Confirmation

Effective July 1, 2022 to June 30, 2023

County Name: _____

Plan Type	Carrier	County Election		Plan Name(s)
Medical	Wellmark BCBS	<input type="checkbox"/> Enroll	<input type="checkbox"/> Waive	
Dental	Delta Dental of Iowa	<input type="checkbox"/> Enroll	<input type="checkbox"/> Waive	
Vision	Delta Vision	<input type="checkbox"/> Enroll	<input type="checkbox"/> Waive	
	Avesis	<input type="checkbox"/> Enroll	<input type="checkbox"/> Waive	
Accident	Reliance Standard	<input type="checkbox"/> Enroll	<input type="checkbox"/> Waive	
Critical Illness	Reliance Standard	<input type="checkbox"/> Enroll	<input type="checkbox"/> Waive	
Voluntary Life	Reliance Standard	<input type="checkbox"/> Enroll	<input type="checkbox"/> Waive	
Voluntary AD&D	Reliance Standard	<input checked="" type="checkbox"/> Enroll	<input type="checkbox"/> Waive	
COBRA	Midwest Group Benefits	<input type="checkbox"/> Enroll	<input type="checkbox"/> Waive	

Notes: _____

Authorized Decision Maker: _____

Signature: _____

Date: _____