

**COMMUNITY ACTION COMMITTEE OF PIKE CO., INC.
ELECTION FORM FOR HEALTH INSURANCE BENEFITS**

PLAN SELECTION

I understand the differences in the options offered to me by CAC of Pike Co., Inc. and have chosen the following option:

- _____ Option 1 (Basic)
- _____ Option 2 (Plus)
- _____ Elect not to participate

Employee Signature

Date