



Open Enrollment Form
Insurance Changes for January 1, 2021

PRINT NAME: _____ SCHOOL/BUILDING: _____

SCHOOL/WORK NUMBER: _____ CELL NUMBER: _____

HEALTH CARE COVERAGE:

I elect to have the following VEHI Health Coverage for the 2021. *Please note: If you are staying with your current plan you do **not** have to fill out the BC/BS Enrollment form but you **do** have to fill out the HRA or HSA form.*

- Platinum Plan with the Health Reimbursement Plan (HRA)**
 - I currently have this plan and have attached the HRA Form
 - I am switching to this plan. I have attached the BC/BS Enrollment Form and HRA Form
- Gold Plan with the Health Reimbursement Plan (HRA)**
 - I currently have this plan and have attached the HRA Form
 - I am switching to this plan. I have attached the BC/BS Enrollment Form and HRA Form
- Gold CDHP Plan with the Health Reimbursement Plan (HRA)**
 - I currently have this plan and staying with my HRA (*no additional forms needed*)
 - I currently have this plan and have attached the HRA Form
 - I am switching to this plan. I have attached the BC/BS Enrollment Form and HRA Form
- Silver CDHP Plan with the Health Reimbursement Plan (HRA) or the Health Savings Plan (HSA)**
 - I currently have this plan and have attached the HRA Form
 - I currently have this plan and have attached the HSA Form
 - I am switching to this plan. I have attached the BC/BS Enrollment Form and HRA Form or HSA Form

HEALTH INSURANCE BUYOUT:

- I am electing for the Health Insurance Buyout and have attached the Buyout Form with the appropriate documentation.

DENTAL COVERAGE:

- There are no changes on my Dental Coverage
- There are changes to my Dental Coverage and I have attached the Delta Dental Enrollment or Change Form

Employee Signature

Date