



Open Enrollment Form
Insurance Plans for January 1, 2022

PRINT NAME: _____ SCHOOL/BUILDING: _____

SCHOOL/WORK NUMBER: _____ CELL NUMBER: _____

HEALTH CARE COVERAGE:

- I am staying with my current health care plan with no changes. No other action is required except to sign below and send this form to the Business Office.

PLEASE NOTE: If you have a Flexible Spending (**FSA**), Dependent Care (**DCA**), or have additional funds towards your Health Saving Accounts (**HSA**), and Cash in Lieu of Benefits (**Insurance Buyout**) you will need to fill out the appropriate forms.

OR I am making the following changes:

- Platinum Plan with the Health Reimbursement Plan (HRA)**
 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 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 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 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 changes to my Dental Coverage and I have attached the **Delta Dental Enroll/Change Form**

Employee Signature

Date