

Open Enrollment Form
Insurance Plans for January 1, 2023

PRINT NAME: _____ SCHOOL/BUILDING: _____

SCHOOL/WORK NUMBER: _____ CELL NUMBER: _____

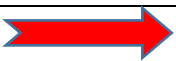


REQUIRED HEALTH CARE COVERAGE ANNUAL FORMS:

- I am staying with my current health care plan with no changes.

PLEASE NOTE: if you are continuing with your FSA, DCA, HSA or Buyout the forms need to be completed annually:

- Flexible Spending (**FSA**)
- Dependent Care (**DCA**)
- Health Saving Accounts Extra Contribution (**HSA**)
- HEALTH INSURANCE BUYOUT:** I am electing for the Health Insurance Buyout and have attached the **Buyout Form** with the appropriate documentation.



OR I AM MAKING CHANGES TO MY HEALTH/DENTAL CARE COVERAGE:

- 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**
- DENTAL COVERAGE:** There are changes to my Dental Coverage and I have attached the **Delta Dental Enroll/Change Form**

Employee Signature

Date

Return this and all other forms to Bonnie Wood, Business Office by November 7, 2022