

What forms need to be completed?

If you **do not** wish to have coverage with the District

You will need to let Human Resources know in writing by completing the following:

1. Sworn Statement of Alternative Health Insurance Coverage Form to **OPT OUT** of health coverage. **(A copy of your insurance card is needed also)**
2. Complete a Declaration of Health Care Coverage Form and remember to check the appropriate boxes.
3. FSA/DCA-Flexible Spending/Dependent Care Form
(Even if you are not participating, complete the FSA/DCA form)

If you are currently enrolled in the District's health insurance you will have to formally cancel your current coverage. (Complete the Health VEHI BCBS 2021 Enrollment/Change Form)

If you **do** wish to have coverage with the District

If you presently have coverage with the District please complete the following:

1. HEALTH - VEHI BCBS - 2021 Enrollment Form **(Only if Changing coverage in any way)**
2. FSA/DCA -Flexible Spending Form/Dependent Care **(Even if you are not participating,complete the FSA/DCA form)**
3. HSA Health Savings Account Form **(Only if you are enrolled or enrolling in the Silver CDHP Plan-HRA is still available on the Silver CDHP plan)**
4. Declaration of Health Insurance Form.

If you are currently enrolled in the District's health insurance and you do not submit an enrollment/Change form by the deadline, you will automatically remain enrolled in your current BCBS Plan for the year 2021.

If you are not currently enrolled in the District's coverage please complete the following:

1. HEALTH - VEHI BCBS - 2021 Enrollment/Change Form
2. HRA Health Reimbursement Arrangement Form/FSA/DCA -Flexible Spending Form/Dependent Care **(Even if you are not participating, complete both forms)**
3. Declaration of Health Insurance Form

PLEASE RETURN ALL FORMS TO THE HUMAN RESOURCES DEPARTMENT.

FORMS MUST BE RECEIVED PRIOR TO OCTOBER 30, 2020

