

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) - Mandatory**
2. Declaration of Health Care Coverage Form. - **Mandatory**
3. FSA/DCA-Flexible Spending/Dependent Care Form **(Even if you are not participating, complete this form) - Mandatory**

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 - 2024 Enrollment/Change Form **(Only if Changing coverage in any way)**
2. Declaration of Health Insurance Form - **Mandatory**
3. FSA/DCA -Flexible Spending Form/Dependent Care **(Even if you are not participating,complete the form) - Mandatory**
4. 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)**

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

1. HEALTH - VEHI BCBS - 2024 Enrollment/Change Form
2. Declaration of Health Insurance Form
3. HRA-Health Reimbursement Arrangement Form
4. FSA/DCA -Flexible Spending Form/Dependent Care **(Even if you are not participating, complete the FSA/DCA form)**

**PLEASE RETURN ALL FORMS TO THE HUMAN RESOURCES DEPARTMENT.
FORMS MUST BE RECEIVED PRIOR TO NOVEMBER 06, 2023**

