

Open Enrollment Form
Insurance Plans for January 1, 2025

PRINT NAME: _____ SCHOOL/BUILDING: _____

SCHOOL/WORK NUMBER: _____ CELL NUMBER: _____

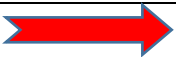


REQUIRED HEALTH CARE COVERAGE ANNUAL FORMS:

- 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. Please visit our Human Resources website [HERE](#) for more information.

- 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 Cathy Koponen, Business Office by November 8, 2024