

WCUUSD 2025 Open Enrollment Sign Off Form

Please return this form and any applicable enrollment forms by November 8, 2024.

Employee Name

Scheduled work hours per week?

Step One: Check All that Apply:

- I want to **keep my** **health and** **dental insurance the same.**
- I currently do not utilize the health insurance and have or do not health insurance elsewhere.
- I currently do not utilize the dental insurance.
- I want to re-apply apply for Cash-In Lieu (CIL)
 - I have attached required form and proof of coverage.
- I want to **change (enroll or decline) my benefits:** (check all that apply)
 - I want to enroll myself and/or my dependent(s) in:**
 - Health Ins. Dental Ins. 403(b) Retirement (Including any contribution change.)
 - I have attached all applicable enrollment form(s).
 - I no longer want the following benefit for myself and/or my dependent(s) in:**
 - Health Ins. Dental Ins. 403(b) Retirement
 - I have attached all applicable enrollment form(s).

Step Two: Check All that Apply

- I want to **decline** FSA (Flexible Spending Account)
- I want to **decline** DCAP (Dependent Care Assistance Plan)
- OR**
- I want to **add or re-enroll for 2025 FSA** - attach applicable enrollment form
- I want to **add or re-enroll for 2025 DCAP** - attach applicable enrollment form

Step Three: Beneficiary Update

- All my beneficiary information is up to date.
- I need/want to update my beneficiaries for: Retirement Life Insurance

Employee Signature

Date