



## Special Open Enrollment

March 17 through April 4

*Only for employees currently on the employee only tier.*

Dear MCSIG member enrolled in the Employee Only tier,

Due to a recent change in the district's contribution for employees enrolled in the **Employee Only** tier, we are offering a **Special Open Enrollment** period from **March 17 through April 4, 2025**. This allows eligible employees to make changes to their **medical plan** selections outside of the regular annual open enrollment period.

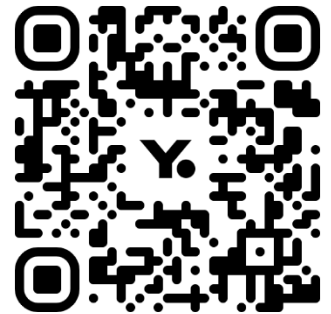
### What You Need to Know:

- The district has increased its contribution for employees enrolled in the **Employee Only** tier to \$11,040.
- This special enrollment period is an opportunity to review and adjust your medical insurance elections based on the updated contribution.
- Any changes made during this period will take effect **May 1, 2025**.
- Employees who do not wish to make changes do not need to take any action.

### Next Steps:

1. Review the enclosed materials, including updated medical rate sheet and plan options.
2. Complete and submit the MCSIG change form if you wish to make changes.
3. Return all required documents to the Benefits Office no later than **April 4, 2025**.

To schedule a Google Meet appointment with Yolanda Salazar, please refer to the SCESD/Business Services/Benefits webpage and click on the YouCanBook.Me link or use this QR code.



Who do I call if I have questions about my plan benefits?

- Call MCSIG Customer Service at (831) 755-8055 or (800) 287-1442
- Call Yolanda Salazar at (831) 784-2218 or email her at [yolanda.salazar@salinascityesd.org](mailto:yolanda.salazar@salinascityesd.org)

Change forms must be provided to Yolanda Salazar by email, inter-district mail, or drop off no later than 3:30 p.m. on Friday, April 4th.

Thank you.

**ACTIVE CLASSIFIED & CONFIDENTIAL EMPLOYEES****JANUARY - DECEMBER 2025 RATES**

MEDICAL PLAN	DEPENDENTS	ANNUAL PREMIUM	ANNUAL DISTRICT CONTRIBUTION	MONTHLY EMPLOYEE COST (11 MONTH)	MONTHLY EMPLOYEE COST (12 MONTH)
PPO \$25	Employee Only	\$ 17,892.00	\$ 11,040.00	\$ 622.91	\$ 571.00
	Employee + 1	\$ 35,700.00	\$ 18,128.00	\$ 1,597.45	\$ 1,464.33
	Family	\$ 46,356.00	\$ 23,492.00	\$ 2,078.55	\$ 1,905.33
PPO \$40	Employee Only	\$ 13,572.00	\$ 11,040.00	\$ 230.18	\$ 211.00
	Employee + 1	\$ 27,096.00	\$ 18,128.00	\$ 815.27	\$ 747.33
	Family	\$ 35,184.00	\$ 23,492.00	\$ 1,062.91	\$ 974.33
PPO \$60	Employee Only	\$ 11,472.00	\$ 11,040.00	\$ 39.27	\$ 36.00
	Employee + 1	\$ 22,800.00	\$ 18,128.00	\$ 424.73	\$ 389.33
	Family	\$ 29,640.00	\$ 23,492.00	\$ 558.91	\$ 512.33
PPO Select	Employee Only	\$ 9,816.00	\$ 11,040.00	\$ -	\$ -
	Employee + 1	\$ 19,524.00	\$ 18,128.00	\$ 126.91	\$ 116.33
	Family	\$ 25,368.00	\$ 23,492.00	\$ 170.55	\$ 156.33
Trio HMO	Employee Only	\$ 12,960.00	\$ 11,040.00	\$ 174.55	\$ 160.00
	Employee + 1	\$ 27,876.00	\$ 18,128.00	\$ 886.18	\$ 812.33
	Family	\$ 34,428.00	\$ 23,492.00	\$ 994.18	\$ 911.33
Kaiser Low*	Employee Only	\$ 10,332.00	\$ 11,040.00	\$ -	\$ -
	Employee + 1	\$ 20,544.00	\$ 18,128.00	\$ 219.64	\$ 201.33
	Family	\$ 29,028.00	\$ 23,492.00	\$ 503.27	\$ 461.33
Kaiser Medium*	Employee Only	\$ 11,424.00	\$ 11,040.00	\$ 34.91	\$ 32.00
	Employee + 1	\$ 22,728.00	\$ 18,128.00	\$ 418.18	\$ 383.33
	Family	\$ 32,124.00	\$ 23,492.00	\$ 784.73	\$ 719.33
Kaiser High*	Employee Only	\$ 13,260.00	\$ 11,040.00	\$ 201.82	\$ 185.00
	Employee + 1	\$ 26,400.00	\$ 18,128.00	\$ 752.00	\$ 689.33
	Family	\$ 37,308.00	\$ 23,492.00	\$ 1,256.00	\$ 1,151.33

\* Kaiser fully insured program NOW includes the MCSIG wellness program as well as Life Insurance. It does not include ancillary benefits.



## Municipalities, Colleges, Schools Insurance Group 2025 Medical Comparison Chart

Participant's share of ( You Pay ): <b>Network: Blue Shield</b> (provider search blueshieldca.com/mcsig)	PPO \$25	PPO \$40	PPO \$60 <b>High Deductible Health Plan</b>	PPO Select	Trio HMO	CompleteCare Medical Expense Reimbursement Plan
<b>Deductibles (Individual / Family)<sup>1</sup></b>	\$1,000 / 2x	\$1,650 / 2x	\$6,000 Integrated with Med/Rx Deductible, Per Person	\$1,300 / 2x	\$1,500 / 2x Applies Only to Inpatient and Outpatient Hospital and Ambulatory Surgical Center	Contact your Benefit Representative for more information
<b>Coinsurance - Network</b>	25%	30%	30%	25%	15% -25% for Certain Services <sup>3</sup>	
Coinsurance - Out Network	40%	50%	No out of network coverage. Deductible must be met first.	No out of network coverage. No coverage for Monterey County hospitals and their owned facilities (except SVMH)	No out of network coverage.	(877) 872-4232 or email completecare@catilizehealth.com
<b>Out-of-Pocket Co-Ins Maximums-Single In Network<sup>2</sup></b>	\$6,000	\$6,500	\$7,500	\$7,500	\$3,000	\$9,200 Single per year Annual Reimbursement
Out-of-Pocket Co-Ins Maximums - Family In Network <sup>2</sup>	2 x Individual	2 x Individual	Per person	2 x Individual	2 x Individual	\$18,400 Family per year Annual Reimbursement
Out-Network Co-Insurance Maximums <sup>2</sup>	\$7,000 / 2 x Ind.	\$12,700 / 2 x Ind	No out of network coverage \$250 copay + 30%	No out of network coverage 25%	No out of network coverage 25%	For more information on this plan contact your District Benefit Representative
Inpatient Hospital Coinsurance (In-Network)*	\$250 copay + 25%	\$250 copay + 30%	No out of network coverage Emergency Services Only	No out of network coverage Emergency Services Only	No out of network coverage Emergency Services Only	
Inpatient Hospital Coinsurance (Out-Network)*	40%	50%	\$250 ER Room 30%/50%	\$500 ER Room** 25%/20%	\$150 ER Room \$100 Copay	
Hospital ER Co-Pay (**waived if admitted)	\$250 ER Room 25%/20%	\$250 ER Room 30%/50%	\$250 ER Room 30%/30%	\$500 ER Room** 25%/20%	\$150 ER Room \$100 Copay	
Ground/Air Ambulance*	25%/20%	30%/50%	30%/30%	25%/20%	\$100 Copay	
Physician Benefits	In-Net/Out-Net	In-Net/Out-Net	In-Network	In-Network Only	In-Network Only	
Surgery/Anesthesia*	25% / 40%	30% / 50%	30%	25%	15% - 30% <sup>3</sup>	
Hospital Visits*	25% / 40%	30% / 50%	30%	25%	0%	
<b>Office Visits</b>	<b>\$25 / 40%</b>	<b>\$40 / 50%</b>	<b>\$60</b>	<b>\$25</b>	<b>\$20</b>	
Specialist Visits	\$40 / 40%	\$60 / 50%	\$70	\$40	\$20	
Physical Exams	0% / 40%	0% / 50%	0%	0%	0%	
Mental Health/Substance Abuse	25% / 40%	30% / 50%	30%	25%	\$20 visit / \$0 for some services	
<b>Outpatient Diagnostic X-ray and Lab Work</b>	25% / 40%	30% / 50%	30%	25%	\$0	
Acupuncture (Any Licensed Acupuncturist)	\$2,000 per year	\$2,000 per year	\$2,000 per year	\$2,000 per year	No Coverage	
<b>Prescription Drugs</b>			Deductible must be met first			
Out-of-Pocket Co-Ins Max - Single In Network	\$1,800	\$1,800	\$1,800	\$1,800	Included with OOP Max above	
Out-of-Pocket Co-Ins Max - Family In Network	\$3,600	\$3,600	\$3,600	\$3,600	Included with OOP Max above	
<b>Mail-Generic/Preferred/Brand (NonFormulary), 90 Day Supply</b>	<b>\$0 / \$50 / \$90</b>	<b>\$0 / \$50 / \$90</b>	<b>\$75</b>	<b>\$0 / \$50 / \$90</b>	<b>\$20 / \$60 / \$100</b>	
Retail-Generic/Preferred/Brand (NonFormulary), 30 Day Supply	\$10 / \$25 / \$45	\$10 / \$25 / \$45	\$25	\$10 / \$25 / \$45	\$10 / \$30 / \$50	
Retail/Maint.-Gen./Pref./Brand (NonFormulary), 60 Day Supply	\$15 / \$40 / \$60	\$15 / \$40 / \$60	\$50	\$15 / \$40 / \$60	(90 Day Supply) \$30 / \$90 / \$150	
Specialty, 30 Day Supply	\$25 / \$75 / \$125	\$25 / \$75 / \$125	\$225	\$25 / \$75 / \$125	20% to \$250 / \$20% to \$500 90 Day Mail / 20% to \$750 90 Day Retail	
<b>Chiropractic Care - CHPC.com (in-network only)</b>			<b>\$10 copay</b>		No Coverage	
<b>Surgery Benefit Management Program</b>			<b>100% w/Translucent Surgery Care (888) 387-3909</b>		Translucent benefits not included	

Chart is for Comparison only; Plan Evidence of Coverage Document Prevails

Co-payments, Co-insurance and Deductibles apply toward out-of-pocket maximum

\*Subject to deductible

\*\*PPO Select ER Co-Pay waived when it is a true emergency (e.g. taken by ambulance, severe wounds, broken bones, severe chest pain) or if admitted to the hospital

<sup>1</sup> 2x = family deductible is met by two individuals

<sup>2</sup> Includes deductible

<sup>3</sup> 15% for Ambulatory Surgery Center / 25% for Inpatient Hospital Services and Skilled Nursing Facility / 30% for Hospital Outpatient Surgery / 20% for Diabetes Equipment and Supplies / 50% for Durable Medical Equipment and Allergy Serum billed separately from Office Visit

Eligible Plans: PPO25, PPO40, PPO60, PPO250, PPO Select					
Benefit	For what	Website	Who to Call	Copay	Incentive
<b>Transcarent</b>	Platform to MCSIG benefits	<a href="https://Experience.Transcarent.ai/MCSIG">Experience.Transcarent.ai/MCSIG</a>	(855) 586-2744	\$0	Transcarent's app is your one stop to access all of your MCSIG benefits and includes a health guide ready to help 24/7
<b>Acupuncture</b>	Acupuncture Care	<a href="https://blueshieldca.com">blueshieldca.com</a>	(800) 287-1442	\$0	\$2,000 per year coverage, per person
<b>Altas</b>	Primary Care & Behavioral Health Services	<a href="https://altas.com/">https://altas.com/</a>	(866) 808-6005	Plan copay	Virtual & in-person appointments, pediatrics, access to care team 24/7, same/next day appointments, behavioral health for adults & children <small>NOTE- this is an in-network provider and normal plan design charges apply</small>
<b>Blue Shield</b>	Search for providers, access virtual ID card	<a href="https://blueshieldca.com">blueshieldca.com</a>	(800) 287-1442	\$0	View or print your member ID card instantly, check year-to-date totals, view claims, search for providers, quick access to all Teladoc benefits
<b>Brightline</b>	Behavioral Health Benefit for Families	<a href="https://hellobrightline.com/MCSIG-join">hellobrightline.com/MCSIG-join</a>	(888) 224-7332	Plan copay	Behavioral health care for kids and teens (18 months to 17 years old), and support for parents and caregivers
<b>Chiropractic Health Plan of Ca.</b>	Chiropractic Care	<a href="https://chpc.com">chpc.com</a>	(800) 995-2442	\$10	Low co-pay for each visit
<b>Express Scripts</b>	Prescription Home Delivery	<a href="https://Express-Scripts.com">Express-Scripts.com</a>	(800) 698-3757	\$0 Generic	Generic prescription drugs for free up to 90 day supply.
<b>Health Education Class Subsidies</b>	Discounted rates on health educational classes	<a href="https://mcsig.com">mcsig.com</a>	(831) 755-0161	Varies	50% of health education classes are paid by MCSIG with at least 80% participation. Visit <a href="https://mcsig.com">mcsig.com</a> for a complete list of classes
<b>MetLife (EAP)</b>	Employee Assistance Program (EAP)	<a href="https://metlifegc.lifeworks.com">metlifegc.lifeworks.com</a>	(888) 319-7819	\$0	Up to 5 sessions with a therapist. Resources for end-of-life issues, help after the death of a loved one, funeral assistance, legal and financial consultations
Wellness Coaching Services	Personalized wellness coaching			\$0	Goal-setting consultation and personalized program with follow-up calls with your coach
Financial Counseling	Financial services			\$0	Unlimited consultations with financial counselors, at no cost
Legal Consultation	Legal services			30 min. consult	One free 30-min office or telephone consultation per separate legal matter with an attorney. If retained, you may receive 25% off normal hourly rate.
Childcare and Eldercare	Finding the right care for your child or aging loved one			\$0	Speak to childcare and eldercare experts on your situation and needs
Daily Living	Resources for your daily chore needs			\$0	Receive 3 to 5 referrals with complete contact information by an expert consultant
Identity Theft Recovery	Identity theft services			\$0	Certified consumer credit counselor will assess and create an action plan
Online Legal Tools	Downloadable legal forms			\$0	Free
<b>MetLife (Life Insurance)</b>	Life Insurance & AD&D		(831) 755-0161	N/A	Active Members: \$25,000 Life insurance coverage & Accidental Death and Dismemberment insurance with all MCSIG medical plans. Retirees: \$5,000. See your Benefit Representative to change beneficiary selections.
<b>Mood with Salinas Valley Health</b>	Online mental health clinic	<a href="https://MoodHealth.com">Mood Health</a>	(619) 639-9738	Plan copay	Therapy, psychiatry, and medication management. Ages 18+
<b>MSJ+Today</b>	Orthopedic Urgent Care	<a href="https://MSJ.Today">MSJ.Today</a>	(831) 648-7265	Plan copay	Orthopedic Urgent Care Mon-Fri 9 am to 8 pm & Sat-Sun 10 am to 7 pm. Note: this is an in-network provider and normal plan design charges apply
<b>Teladoc Benefits</b>	Talk to a board certified doctor 24/7	<a href="https://teladoc.com">teladoc.com</a>	(800)-TELADOC	\$0	<b>Convenience and no-copay</b>
General Medical	Talk or video with a doctor, 24/7	<b>or by logging into</b>		\$0	24/7 virtual doctor visits, and prescriptions when medically necessary (RX copay applies)
Dermatology	Receive treatment plan within 2 days	<a href="https://blueshieldca.com">blueshieldca.com</a>		\$0	Dermatology services and communication takes place through the message center
<b>Transcarent</b>	Single sign-on platform to MCSIG benefits	<a href="https://Experience.Transcarent.ai/MCSIG">Experience.Transcarent.ai/MCSIG</a>	(855) 586-2744	\$0	Transcarent's app is your one stop to access all of your MCSIG benefits and includes a Health Guide ready to help 24/7
Telehealth	Chat, talk or video with a doctor in under a minute, 24/7			\$0	24/7 virtual doctor visits, and prescriptions when medically necessary (RX copay applies)
Surgery Care	Planned surgeries: Bariatric, Cardiac, General, Orthopedic, Spine, Women's Health			\$0	Care Allowance \$500 to \$4,500 for out of Monterey county surgeries. Care Coordinators guide you through the surgery process from beginning to end. Note: PPO60, no cost after deductible is met
Health Guides	Certified coaches, wellness educators and advocates			\$0	Benefit guidance, personalized coaching, stress management, or booking of appointments with in-network doctors
Virtual Physical Care	Physical therapy for chronic back, neck or joint pain			\$0	Recover at home with a virtual program supported by a personal physical therapist.
Expert Medical Guidance	Expert second medical and surgical opinions			\$0	Talk to top doctors to get the right diagnosis and treatment options for your needs.
<b>TruHearing</b>	Hearing aid discounts	<a href="https://truhearing.com/vsp">truhearing.com/vsp</a>	(877) 396-7194	\$45	Save up to 60% on a pair of hearing aids, dependents and extended family members are eligible too.
<b>Wellvolution</b>	Innovative digital health network	<a href="https://wellvolution.com">wellvolution.com</a>	(866) 671-9644	\$0	Programs with accessible apps based on the latest in science and lifestyle medicine to help members improve their health
Disease Prevention Program	Lose weight and lower risk of Type 2 diabetes			\$0	Free customized tools and health coaching with the following providers: Weight Watchers, Pulse, restore health, betr, habitnu (no monthly charges)
Behavioral Health	Video therapy & psychiatry sessions, including coaching			Plan copay	Video therapy and psychiatry sessions are available within days for a copay—real-time behavioral health coaching at no cost.
Condition-specific Program	Treat diabetes, hypertension, obesity and heart disease			\$0	Use vetted methods to help control Type 2 diabetes and limit risk of chronic disease. Programs: betr, vira and monj
Tobacco Cessation	Quit smoking			\$0	Break the habit with tested strategies that help beat nicotine cravings and addiction. Program: Clickotine (no monthly charges)
<b>COMPLETECARE REIMBURSEMENT PROGRAM &amp; KAISER PERMANENTE:</b>					
Benefit	For what	Website	Who to Call	Copay	Incentive
<b>MetLife (EAP)</b>	Employee Assistance Program (EAP)	<a href="https://metlifegc.lifeworks.com">metlifegc.lifeworks.com</a>	(888) 319-7819	\$0	Up to 5 in-person or telephonic sessions with a licensed LifeWorks counselor. Resources for end-of-life issues, help after the death of a loved one, funeral assistance, legal and financial consultations
<b>MetLife (Life Insurance)</b>	Life Insurance & AD&D		(831) 755-0161	N/A	\$25,000 Life insurance coverage & Accidental Death and Dismemberment insurance with all MCSIG medical plans. Change forms to update beneficiary can be downloaded from <a href="https://mcsig.com">mcsig.com</a> ; provide to your Benefit Representative.

**MCSIG CHANGE FORM**  **MCSIG**  **EMPLOYER'S COBRA FORM**

\*Employee or Employer representative: Use this form to report certain events to MCSIG as required under provisions of the federal Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). Failure to complete and submit this form in a timely manner may result in a loss of health insurance continuation that are available under COBRA. The notice must be sent back within 10 days after the later of (a) the date of qualifying event, or (b) the date that qualifying beneficiary would lose coverage on account of the qualifying event.

<b>I</b>	<b>EMPLOYEE NAME (must be legal name)</b>										
	Last: _____			First: _____			MI: _____				
	Birth Date: ____/____/____		Social Security _____-_____-_____			District <b>SCESD</b>					
<b>II</b>	<b>EMPLOYEE ADDRESS</b>										
	Mailing Address Required: _____ Street _____ City _____ State _____ Zip _____										
	Email Address: _____@_____ Phone # (____) _____										
<b>III</b>	<b>DEPENDENT CHANGE</b> Note: You may only add dependents during annual November open enrollment or a special qualifying event										
	Type "Add" or "Remove" in the box provided next to each dependent's name										
<i>Add or Remove</i>	Last Name	First Name	MI	SSN Required	Relationship	Gender (type below)	Date of Birth	MED	DEN	VIS	
<b>IV</b>	<b>BENEFIT PLAN CHANGES (Required Documentation on reverse side)</b>										
	<b>Medical</b>	<b>Dental - No Ortho</b>		<b>Vision</b>		<b>Reason for Plan Change</b>			<b>OPT-OUT (EE only)</b>		
	PPO25	Low		Plan C		Term			Medical		
	PPO40	Med				Marriage			Dental		
	PPO60	High				Retirement			Vision		
	PPO SELECT (Complete Disclaimer on reverse side)	Grand				Addition/Loss of Other Coverage			Eff. Date	/ /	
						Add Dependents			Proof of other coverage must be attached		
						Loss Coverage					
		KAISER				Change of Employment					
	Trio HMO	Low		Med		High	Loss or Ineligible Dependent				
	COMPLETECARE					<b>Open Enrollment</b>					
<b>V</b>	<b>EMPLOYEE NAME CHANGE</b> Note: Copy of social security card is required										
	Former Last Name _____					Present Last, MI, First _____					
<b>VI</b>	<b>CHANGE OF BENEFICIARY</b> Note: Life insurance is provided with medical plan enrollment only (25K Active / 5K Retiree)										
	<b>Beneficiary Name</b>			<b>Beneficiary Address</b>			<b>Beneficiary Relationship</b>			<b>Percentage = 100%</b>	
<b>COMMENTS</b>											
I hereby request the changes hereon to be made and authorize the applicable change in my contributions.											
Employee Signature X _____						Date Signed _____			20 _____		
Employee Representative X _____						Date Signed _____			20 _____		
<b>EMPLOYER USE ONLY</b>						<b>MCSIG USE ONLY</b>					
Eff. Date _____		Group # <b>5200</b>		Posted _____		Date _____		Initial _____			
FSA: Yes _____ No _____		Sub group # _____									

### PPO Select Plan Disclaimer

I understand that by enrolling in the PPO Select plan, my dependents and I do not have out-of-network coverage. I can search for Blue Shield of California in-network providers by selecting PPO Select as the plan option at: [Blue Shield/MCSIG's microsite](#).

Initial \_\_\_\_\_

I have reviewed this information with my adult dependents covered by my plan and they understand the plan restrictions.

Initial \_\_\_\_\_

I understand that the PPO Select plan **excludes** Monterey County hospitals and their owned facilities that bill under the Monterey county hospitals Tax Identification number. The excluded hospitals are Community Hospital of the Monterey Peninsula, Natividad Medical Center, and Mee Memorial Hospital. Note: Salinas Valley Health Medical Center is in-network, effective 3/1/24. Note: you and your dependents will be covered in the case of a true emergency (e.g. taken by ambulance, severe and sudden pain, broken bones or referral by a medical provider). All plan design charges will apply. Please note: that the billing submitted by the hospital is what will determine if the visit was a true emergency. If referred to one of the above hospitals by your doctor, urgent care facility, Teladoc, Transcarent or any other medical provider but the hospital bill does not reflect an emergency, call MCSIG Customer Service at (831) 755-8055 to report the referral so that your claim can be reviewed. For a list of in-network hospitals, register and search at: [Blue Shield/MCSIG's microsite](#).

Initial \_\_\_\_\_

The PPO Select Plan includes Transcarent Surgery Care, a free high quality surgery benefit with more than 100% coverage and no out-of-pocket expenses. Their suite of tools, services and dedicated Care Coordinators are available to help you when considering a planned surgery. Get connected with a Care Coordinator at (855) 586-2744.

Once enrolled and benefits have been activated, obtain further guidance to best manage your healthcare needs, by registering online at [webapp.transcarent.ai/activate](http://webapp.transcarent.ai/activate) and connect with a health guide to get concierge-level support on your needs. In addition, MCSIG Customer Service is at your service at (831) 755-8055, M-F 8-5 p.m.

I attest by signing below that I have reviewed the PPO Select Disclaimer within this document. I understand that I am eligible to change plans during Open Enrollment every November for a January 1 effective. I may also change plans if I encounter a qualifying event outside of Open Enrollment (e.g. marriage, divorce, birth of a child). Please refer to your Benefit Booklet for a complete list of qualifying events at: [www.mcsig.com](http://www.mcsig.com) (under the Health Plans tab).

Insured Legal Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_

Insured Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REQUIRED DOCUMENTATION\*** Attach copies of: Certified Marriage Certificate, Domestic Partner State Registration Certificate (Same sex partners or opposite sex partners), Birth Certificates (for ALL dependent children), Adoption (Adoption Placement Papers), Legal Guardianship (final paperwork showing effective date), Proof of enrollment in other medical coverage (for employee to opt-out of medical plan), MCSIG Disabled Dependent Form.

\*Any required documentation that is not included with the enrollment form will delay the enrollment process.

**RETURN THIS FORM TO YOUR EMPLOYER BENEFITS DEPARTMENT**