

HAZELWOOD SCHOOL DISTRICT 2025-2026

OPEN ENROLLMENT

BUY DOWN ELECTION FORM

(For Lower Cost Plan)

IMPORTANT: *You are required to update your funded options EVERY year!*

*This worksheet and all required Open Enrollment forms must be returned to Human Resources Department no later than **August 25, 2025 by 5:00 pm.***

Lower Cost Plan (\$4,000 Corridor Plan) – YOU MUST COMPLETE THIS FORM

If an employee chooses the lower cost medical plan, they can use the monthly difference in premiums for one of the options below.

Yes, I choose the \$4,000 high-deductible plan instead of the district-paid \$3,000 standard plan.

Hazelwood School District will transfer \$38.00 per month (\$456 per year) to use on one of the four options below:

OPTIONS THAT CAN BE FUNDED BY ACCEPTANCE OF \$4,000 MEDICAL PLAN

Please choose only one option, and complete the appropriate forms related to the option selected.

- Flexible Spending Account Dependent Care Expenses (not medical expenses)
- 403b or 457b Retirement Account (Circle One)
- Dependent Medical, Dental or Vision Premiums
- Health Savings Account

Employee Name (Print) _____ Employee ID #: _____

Employee Signature: _____ Date: _____