

**Open Enrollment Form**  
Insurance Plans for January 1, 2026

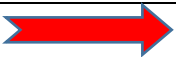
PRINT NAME: \_\_\_\_\_ SCHOOL/BUILDING: \_\_\_\_\_

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 Savings 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 12, 2025***