HOW TO ENROLL/DROP OR MAKE CHANGES TO CURRENT COVERAGE(S)

Medical, Dental and/or Vision Benefits

Each plan is independent which means employees may choose to enroll in any or all of the plans and can choose to enroll in single or family coverage for each plan as desired.

To enroll, go to the link below to complete the enrollment form. Be sure to provide all information requested on the form. If enrolling dependents, the dependent verification documents must be attached to the enrollment form where specified.

http://www.brownsburg.k12.in.us/benefit-enrollment-change-form

Enrollment must be submitted by the date provided to you at orientation.

Once you submit the form, you will receive a confirmation via email and the form will automatically be electronically submitted to Amanda Jarvis, Benefit Coordinator.

If you have any problems or questions, do not hesitate to contact Amanda Jarvis or Jodi Gordon.