HAZELWOOD SCHOOL DISTRICT 2026-2027

OPEN ENROLLMENT

BUY DOWN ELECTION FORM

(For Lower Cost Medical Plans)

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 24, 2026 by 5:00 pm.***

Lower Cost Plans: **$3,500 NO BJC/WASHU or $4,500 HSA**

YOU MUST COMPLETE THIS FORM

If an employee chooses one of the lower cost medical plans, they can transfer the monthly difference in premiums to retirement savings, a health savings account, dependent premiums, medical flexible spending or dependent care expenses.

☐ Yes, I choose the $3,500 Blue Preferred plan instead of the district-paid $3,500 Choice plan. HSD will transfer **$45 per month ($540 per year)** to your fund.

☐ Yes, I choose the $4,500 HSA, high-deductible plan instead of the district-paid $3,500 Choice plan. HSD will transfer **$32 per month ($384 per year)** to your fund.

PLEASE ONLY CHOOSE ONE OPTION TO FUND

- ☐ Flexible Spending Account for medical (not available for the HSA Plan)
- ☐ Flexible Spending Account Dependent Care Expenses
- ☐ 403b or 457b Retirement Savings Account (Circle One)
- ☐ Dependent Medical, Dental or Vision Premiums
- ☐ Health Savings Account (not available for $3,500 Blue Preferred)

Employee Name (Print) _____ Employee ID #: _____

Employee Signature: _____ Date: _____