



BEDFORD CENTRAL SCHOOL DISTRICT

Payroll & Benefits Department

632 South Bedford Rd • Bedford, NY 10506

914-241-6172 • benefits@bcstdny.org

Benefits Change Form – Open Enrollment 2027

Please select your desired changes below and submit a new enrollment form with supporting documentation **no later than November 30, 2026**. Changes will take effect on January 1, 2027.

Employee Information	
First Name	
Last Name	
Social Security Number	
Bargaining Unit	CSEA ☐ BTA ☐ BASA ☐ Admin. ☐ Non-Unit ☐
Employee ID	

Requested Changes	Check where applicable:
Enroll in Coverage	Medical ☐ Dental ☐ Vision ☐
Drop Coverage	Medical ☐ Dental ☐ Vision ☐
Add Dependent(s)*	Medical ☐ Dental ☐ Vision ☐
Drop Dependent(s)*	Medical ☐ Dental ☐ Vision ☐

If removing dependents, please provide the following information:

Name	Social Security Number	Date of Birth	Relationship	Coverage
				Medical ☐ Dental ☐ Vision ☐
				Medical ☐ Dental ☐ Vision ☐
				Medical ☐ Dental ☐ Vision ☐
				Medical ☐ Dental ☐ Vision ☐
				Medical ☐ Dental ☐ Vision ☐
				Medical ☐ Dental ☐ Vision ☐

*For medical insurance, a new NYSHIP enrollment form PS-503 is required to **add or drop** dependents.

Employee Signature:

Date:
