Cupertino Union School District

OPEN ENROLLMENT BENEFITS CHANGE FORM – RETIREE & COBRA PARTICIPANTS

SUBSCRIBER INFORMATION: **Check one:** ☐ **Retiree** ☐ **COBRA Participant**

Last Name: _____ First Name: _____

Home Address: _____

E-mail Address: _____ Phone/Contact #: _____

SSN: _____ DOB: _____

ACTION REQUESTED:

To cancel or remove a family member, contact Human Resources at 408-252-3000 ext 61212 for the appropriate form.

☐ Change/add medical ☐ Change/add dental ☐ Add vision ☐ Add dependents

EFFECTIVE DATE: 1-1-2027

PREVIOUS COVERAGE	REQUESTED CHANGE
MEDICAL	***MEDICAL***
☐ Kaiser HMO ☐ Kaiser Deductible HMO ☐ Kaiser HSA1800	☐ Kaiser HMO ☐ Kaiser Deductible HMO ☐ Kaiser HSA1800
☐ UHC Signature Value HMO ☐ Signature Value Alliance HMO	☐ UHC Signature Value HMO ☐ Signature Value Alliance HMO
☐ UHC PPO (closed to new enrollments)	☐ UHC PPO (closed to new enrollments)
☐ Kaiser Senior Advantage (for retirees age 65 and over) ☐ Alignment through RetireeFirst (for retirees age 65 and over)	☐ Kaiser Senior Advantage (for retirees age 65 and over) ☐ Alignment through RetireeFirst (for retirees age 65 and over)
☐ Single ☐ 2-party ☐ Family	☐ Waive ☐ Single ☐ 2-party ☐ Family
DENTAL	***DENTAL***
☐ DeltaCare HMO ☐ Delta PPO Premier ☐ Delta Dental Low Cost Plan	☐ DeltaCare HMO ☐ Delta PPO Premier ☐ Delta Dental Low Cost Plan
☐ Single ☐ 2-party ☐ Family	☐ Waive ☐ Single ☐ 2-party ☐ Family
VISION (thru Vision Service Plan)	***VISION (thru Vision Service Plan)***
☐ Single ☐ 2-party ☐ Family	☐ Waive ☐ Single ☐ 2-party ☐ Family

DEPENDENT INFORMATION:

Full Name	Date of Birth	Gender	Social Security #
☐ Spouse: ☐ Domestic Partner:		☐ M ☐ F	
Child:		☐ M ☐ F	
Child:		☐ M ☐ F	
Child:		☐ M ☐ F	
Child:		☐ M ☐ F	

Signature: _____ Date Signed: _____

HR/kp 10-9-26