

**2023 Health Insurance Open Enrollment
Non EM-O Employees****SECTION 1 – EMPLOYEE INFORMATION (Please complete in full and print clearly.)**

Employee Last Name	First	MI	Social Security # - -	
Street Address			Phone Number	
City	State	Zip Code	Date of Birth	Employee #
Contract Group	<input type="checkbox"/> Single <input type="checkbox"/> Married		Employee Hire Date	

SECTION 2 – REASON FOR CHANGE/ENROLLMENT

- | | |
|--|--|
| <input type="checkbox"/> Open Enrollment | <input type="checkbox"/> Declining Coverage |
| <input type="checkbox"/> Adding Dependents | <input type="checkbox"/> Change Name/Address |
| <input type="checkbox"/> Dropping Dependents | <input type="checkbox"/> Other: _____ |

SECTION 3 – NEW PLAN (MEDICAL)

<input type="checkbox"/> High Plan <input type="checkbox"/> Value Plan <input type="checkbox"/> HSA Plan	<input type="checkbox"/> Single <input type="checkbox"/> Single + 1 <input type="checkbox"/> Family <input type="checkbox"/> Decline	Effective Date: _____
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SECTION 4 – DEPENDENT INFORMATION

Add	Drop	Relationship to Employee	First Name, Middle Initial (last name only if different from employee)	Gender	Date of Birth (required)	Social Security #
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					

SECTION 5 – EMPLOYEE SIGNATURE

I understand that this election cannot be revoked or changed until the next open enrollment period, unless there is a loss of eligible or life event. The change must be made within 30 days from the date of the life event. (Please contact your Human Resources Generalist or refer to the benefits booklet for the life event information.)

EMPLOYEE SIGNATURE _____

DATE SIGNED _____

☐ My Spouse is also employed with the district

For HR Use Only	EFP: _____	PrefOne: _____	HRS: _____	Audit: _____
Deductions:	<input type="checkbox"/> Full Year	<input type="checkbox"/> August	<input type="checkbox"/> September	<input type="checkbox"/> October