



MEDICAL OPEN ENROLLMENT

OCTOBER 10 – NOVEMBER 4, 2011

OPEN ENROLLMENT CHANGES ARE EFFECTIVE JANUARY 1, 2012

NEW ENROLLMENT OR CHANGE IS NOT FOR DENTAL AND VISION

A Date Stamped Copy Of This Form Will Be Provided To You As Verification

Check ALL Boxes That Apply:

- Health Plan Change** (i.e. you now have Blue Shield and you would like to change to Kaiser)
- Adding Dependents** – A social security number and documentation is required for all dependents. Documentation is an original birth certificate (for children), original marriage certificate or a copy of your recent tax return. Adult children up to age 26 only may be enrolled.
- Dropping Dependents** – Reason for dropping dependent(s) _____
A reason for dropping the dependent(s) is **required** by the insurance provider. When dropping dependents, especially in the case of a divorce, we are required to send COBRA notification along with the reason for dropping. We will forward COBRA information, if necessary. Please provide an address on the reverse side for the COBRA packet.
- Cancel All Medical Coverage** – (coverage for employee and all dependents). If you are eligible to receive cash in lieu of, you must complete an additional form which is available in the Benefits Office. Cash in lieu of is not automatic.
- New Enrollment** (currently not enrolled in a District medical plan)

PLEASE PRINT ALL INFORMATION CLEARLY

EMPLOYEE NAME			ID NUMBER – REQUIRED <small>(FOUND ON YOUR PAY STUB)</small>		
SOCIAL SECURITY NUMBER		TELEPHONE(S)		DATE OF BIRTH	
		Cell: Home:			
EMAIL ADDRESS		# HRS WORKED/WK	POSITION <small>(YOUR JOB)</small>		WORK SITE
CURRENT MEDICAL PLAN <small>(ONLY IF WITH THE DISTRICT)</small>		NEW MEDICAL PLAN <small>(ONLY IF NEW <u>OR</u> CHANGING PLANS)</small>		BARGAINING UNIT <small>(CHECK ONE)</small>	
				<input type="checkbox"/> CST <input type="checkbox"/> CSEA <input type="checkbox"/> DMA <input type="checkbox"/> MDEA <input type="checkbox"/> MDSPA <input type="checkbox"/> M&O <input type="checkbox"/> SUPV	
WERE YOU HIRED IN A PERMANENT POSITION WITH BENEFITS <u>ON OR AFTER</u> APRIL 1, 2011? <input type="checkbox"/> YES <input type="checkbox"/> NO					

List **ALL** dependents to be added, dropped, enrolled or currently on your medical plan. (Use reverse side if needed.)
 Dependent Relationship is spouse, child, stepchild, adopted child, domestic partner or other (please specify other).
If married, must enter date of marriage.

Write: Add, Drop, Enroll or Current	Dependent Name <small>(list spouse first if applicable)</small>	Dependent Relationship	Male/ Female	Date of Birth	Date of Marriage <small>(Spouse)</small>	Social Security # REQUIRED to Add/Enroll

NOTE: Your payroll deduction (if applicable) for medical can be a pre-taxed deduction, but **you must meet** with American Fidelity to sign the Election form (part of the 125 Plan). American Fidelity will be visiting all sites November 14 – December 13. Refer to the enclosed schedule. Appointments are made with the office staff at your site. More information can be found in the Open Enrollment letter.

Employee Signature: _____ **Date Signed:** _____

