

# Open Enrollment Period 2010

Changes accepted from June 1 – June 30 noon

*The insurance selections you make during this Open Enrollment Period will be in effect from July 1, 2010 to June 30, 2011.*

**Understanding your benefit options requires effort on your part.** You need to review your benefit coverage and make the choices that best fit your needs for the next policy year. This is the time to *reinstate any waived coverage, add dependents, update student status or change from one type of plan to another* (such as change from Dental PPO to HMO or vice versa).

If you want to add a *non-student dependent*, some additional information will be required. Insurance for Full-time students is subsidized by the City. For a non-student dependent, 100% of the coverage is borne by the employee and could be taxable.

Changes to medical and dental coverage outside of an open enrollment period may only be made if the employee experiences a "major life event". Examples of major life events are marriage, divorce, new child and some changes in the employment status of the employee or the spouse. If you experience a major life event and wish to make any associated changes to your medical or dental coverage, you must complete the appropriate paperwork within 30 days of the event or wait until the next open enrollment period.

If you do NOT need to make any changes to you or your family's medical or dental insurance coverage, please check the appropriate boxes, print your name, sign & date below then return this to Human Resources on or before June 30th at noon. If changes are needed, you will need to indicate those changes here and on the appropriate enrollment form as well.

## **HEALTH – United Health Care**

- I **DO NOT** need to add or remove any dependents from the **medical** insurance policy provided through the City.
- I **DO** want to add or remove dependents on the **medical** insurance policy – **attach enrollment form**

## **VISION – Vision Service Plan (through Guardian)**

- I **DO NOT** need to add or remove any dependents to/from the **vision** insurance policy provided through the City.
- I **DO** want to add or remove dependents on the **vision** insurance policy – **attach enrollment form**

## **DENTAL – (Guardian PPO or DHMO)**

- I **DO NOT** need to add or remove any dependents on the **dental** insurance policy provided through the City.
- I **DO NOT** want to change from the **PPO** plan to the **HMO** plan or vice versa.
- I **DO** want to make changes to my dental insurance plan – **attach enrollment form**

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**Printed Name**

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**Signature**

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**Date**