

2022 - 2023 Open Enrollment or Change form

I have reviewed the benefits offered me on the open enrollment website and I have elected the following:

Kaiser Permanente Insurance:

I would like to participate or continue in the Kaiser Permanente group health insurance plan.

I have selected the following plan DHMO #14 MV1 Flexible Choice

I am not interested in the company group health insurance plan or I would like to cancel my current health insurance coverage.

Metlife Dental:

I would like to participate or continue coverage in the company dental plan.

I am not interested in Dental Insurance or would like to cancel my current plan.

AFLAC Short Term Disability:

I would like to participate in or continue coverage in the short term disability plan.

I am not interested in short term disability or I would like to cancel my current coverage.

AFLAC Accident Insurance:

I would like to participate or continue coverage in the accident insurance.

I am not interested in the accident insurance or I would like to cancel my current coverage.

AFLAC Cancer Insurance:

I would like to participate or continue coverage in the cancer plan.

I am not interested in the cancer plan or I would like to cancel my current coverage.

AFLAC Dental Insurance:

I would like to participate in or continue coverage in the AFLAC Dental plan.

I am not interested in the AFLAC Dental policy or I would like to cancel my current policy.

AFLAC Hospital Insurance:

I would like to participate in or continue coverage in the hospital insurance.

I am not interested in the hospital insurance or I would like to cancel my current coverage.

AFLAC Term Life Insurance:

I would like to participate or continue coverage in the company term life insurance plan.

I am not interested in term life insurance policy or I would like to cancel my current policy.

Trans America Long Term Life Insurance:

I would like to participate or continue coverage in the company long term life insurance plan.

I am not interested in the long term life insurance policy or I would like to cancel my current policy.

By signing I am agreeing to the above and understand that this is my only opportunity to add or make changes to my benefits until the next open enrollment period or a qualifying event.

Employee Name (Print)

Employee Signature

Date

PLEASE RETURN THIS COMPLETED FORM TO HR BY 11-20-2022 SO THAT THE NECESSARY PAYROLL CHANGES CAN BE PROCESSED, AND ALL SIGN UP FORMS CAN BE COMPLETED.