

Open Enrollment Benefits Change Form

Employee Information

Full Name

Employee ID

Email

Department

Date

Benefit Elections

Health Insurance

☐ Enroll ☐ Waive ☐ Change

Plan Selection

Dental Insurance

☐ Enroll ☐ Waive ☐ Change

Plan Selection

Vision Insurance

☐ Enroll ☐ Waive ☐ Change

Plan Selection

Other Benefits

☐ Flexible Spending Account (FSA) ☐ Health Savings Account (HSA) ☐ Life Insurance
☐ Disability Insurance

Dependents

List Dependents (Name, Relationship, Date of Birth)

Comments or Special Requests

Comments

☐ I certify that the above information is correct.