

OPEN ENROLLMENT CHANGE FORM

Please complete this form and submit it to Office of Human Resources. **Please print or type.** Thank you!

Printed/Typed Name	Signature	Date
School: _____	Last 4 Digits of Social Security #: _____	

VOLUNTARY CHANGE OF PLANS DURING OPEN ENROLLMENT

Please complete the applicable enrollment form(s) for the affected plan(s) and submit along with a copy of documentation (marriage license/certificate of civil union; birth certificate for child).

Enrollment
Termination
Re-Enrollment
Change
 Effective _____

Plans Affected:
 Medical
 Prescription
 Dental
 Vision

Type of Contract Change – **From:**
 Single
 Parent/Child
 Family
 2 Adults

To:
 Single
 Parent/Child
 Family
 2 Adults

Please remember to submit pertinent changes to:
 Pension, Tax Shelter, Social Security, Disability, and any other plan(s) with which you are affiliated