

Open Enrollment Selection Form

Group Name **CITY OF EMPORIA**
Effective dates **from 1/1/2016 to 12/30/2016**

Group Number **09178**

COMPLETE ALL INFORMATION BELOW:

Employee Name (print) _____ BCBSKS ID# or SSN _____

ELECTION

Complete this section only if you are making a change in the deductible amount.

You may lower your deductible by one level (3 to 2, 2 to 1). You may raise your deductible by one or two levels (1 to 2, 1 to 3, 2 to 3).

- Buy Up 2** \$1,000 single/\$2,000 two-or-more deductible
- Buy Up 1** \$1,500 single/\$3,000 two-or-more deductible
- Base** \$2,500 single/\$5,000 two-or-more deductible

ANSWER THE FOLLOWING QUESTIONS:

I wish to add to or drop family members from my policy during open enrollment.

- Yes (If yes, a *Change Form* is required. Please see your group administrator for details.)
- No

If you are not presently enrolled, you will need to fill out an Enrollment Application. If you are adding to or dropping dependents, you will need to complete a Change Form. This election form is to be used only to change options. All other changes must be submitted on a change form.

If you are not enrolling in the Health Insurance Plan, please complete the following information:

- I am covered by my spouse's or parent's insurance program.
 - Spouse or parent's name _____
 - Place of employment _____
 - Name of insurance company _____

- I do not desire to enroll in Blue Cross and Blue Shield of Kansas (BCBSKS) coverage at this time and have no other insurance.

- I have other coverage: _____ (e.g., Medicaid, Medicare, CHAMPUS)

NOTICE OF ENROLLMENT RIGHTS: If you are declining enrollment for yourself or your dependents (including your spouse) because of another employer group health plan, you may be able to enroll yourself or your dependents in this plan in the future. To do this you must request enrollment within a specific time frame after your coverage ends. If you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependent within a specific time frame. Please see your group administrator for details.

Employee Signature _____ Date _____