

2018/19 CERTIFICATED/CERTIFICATED MGMT Open Enrollment Change Form

All forms must be returned to Risk Management by August 24, 2018

NAME

SOCIAL SECURITY NUMBER

I am married to another employee of AVUHSD. If yes, please list the full name of your spouse _____

CHANGE FROM:

MEDICAL PLAN **Group#**
 Blue Cross (Opt 1) **40654E**
 Blue Cross (Opt 2) **40654A**
 Blue Cross (Opt 3) **40654G**
 Blue Cross (Opt 4) **40714B**
 Kaiser (Opt 1) **225543-0200**
 Kaiser (Opt 2) **225543-1011**

DENTAL PLAN

Delta Incentive/Premier
 Delta Preferred Option (DPO/PPO)
 PMI

CHANGE TO:

MEDICAL PLAN
 Blue Cross (Opt. 1) (90/10%, Ded. \$100/\$300)
 Blue Cross (Opt. 2) (100%, Ded. \$100/\$300)
 Blue Cross (Opt. 3) (90/10%, Ded. \$300/\$600)
 Blue Cross (Opt. 4) (80/20%, Ded \$2000/\$4,000)
 Kaiser (Opt. 1) (100%, Ded \$0, \$10 office visit)
 Kaiser (Opt. 2) (100%, Ded \$0, \$30 office visit)

DENTAL PLAN

Delta Incentive/Premier
 Delta Preferred Option (DPO/PPO)
 PMI

All changes are effective 10/1/2018. If adding a spouse, you will need to attach your marriage certificate and first page of your 2017 Federal Tax Return. If adding children under age 26, then you will need to attach copies of their birth certificates. If you are transferring between a PPO and HMO, then you will also need to provide copies of marriage certificate, Federal Tax Return, and birth certificate(s). If switching from a HMO to a PPO, there will be a deductible to satisfy.

Signature of Employee

Date