Print Name:_____ Building_____

REQUIRED HEALTH CARE COVERAGE ANNUAL FORMS:

If you are continuing with your FSA, DCA, or HSA, the forms need to be completed annually.

- ☐ Flexible Spending (FSA)
- ☐ Dependent Care (DCA)
- ☐ Health Savings Accounts Extra Contribution (HSA)

OR I AM NEWLY ENROLLING/ MAKING CHANGES TO MY HEALTH/DENTAL COVERAGE:

- ☐ Platinum plan with Health Reimbursement Arrangement (HRA)
  - ☐ *I am switching to/enrolling in this plan. I have attached the BCBS Enrollment Form & Healthy Dollars HRA Form*
- ☐ Gold Plan with the Health Health Reimbursement Arrangement (HRA)
  - ☐ *I am switching to/enrolling in this plan. I have attached the BCBS Enrollment Form & Healthy Dollars HRA Form*
- ☐ Gold CDHP Plan with the Health Health Reimbursement Arrangement (HRA)
  - ☐ *I am switching to/enrolling in this plan. I have attached the BCBS Enrollment Form & Healthy Dollars HRA Form*
- ☐ Silver CDHP Plan with the Health Health Reimbursement Arrangement (HRA) or the Health Savings Account (HSA)
  - ☐ *I am switching to/enrolling in this plan. I have attached the BCBS Enrollment Form & Healthy Dollars HRA Form or HSA Form*
- ☐ Delta Dental
  - ☐ *I am making a change to my dental enrollment and have attached the change form*

I would like to enroll in an optional plan(s):

- ☐ Delta Vision Plan
  - ☐ *I am enrolling in this plan. I have attached the Form*
- ☐ Wishbone Pet Plan
  - ☐ *I am enrolling in this plan and understand enrollment and payments are handled directly on the Wishbone website.*