



2023 RETIREE BENEFITS ENROLLMENT ELECTION AND CHANGE FORM

All retirees must complete and sign this form to select or waive benefits. All enrollment changes are effective January 1, 2023. Submittal of this form replaces all other benefit elections made for 2022.

Name: (Last, First, Middle Initial) Date of Birth Male Female Single Married

Current Mailing/Street Address Preferred Email

City State Zip Home Phone Cell Phone Check if your address, marital status, or phone numbers have changed in the past year.

Section 1: Selection or Waiver of Health Benefits

Please read all options below and check the box to reflect your choice. Premiums are deducted monthly, starting in December for January 2023. Please note that you must fill-out Section 3 to include any covered individuals on your plan. **Be Sure to complete Section 3!**

- CHOOSE ONE**
- Remain in or Enroll in Anthem's HDHP with HSA and Vision (same coverage plan and network providers as offered in 2022 except with 5% higher premiums and increased deductibles.)
 - Enroll in Anthem's New HealthKeepers Plan with HSA and Vision (same rates as last year's HDHP) except with lower deductible and reduced number of in-network service providers). A list of participating providers is included in your packet and posted on the County intranet portal.
 - Check here if previously enrolled in special KeyCare PPO -no HSA/No RX
 - Cancel/Waive Participation in Campbell County's Offered Health Benefits, effective December 31, 2022.

Section 2: Cobra Dental Insurance

Please note that you must fill-out Section 3 to include any covered individuals on your plan.

Be Sure to complete Section 3!

- CHOOSE ONE**
- Remain in or Enroll in the Cobra Dental Coverage
 - Cancel/Waive Participation in Cobra Dental Coverage

Section 3 : Confirmation of Covered Individuals/Dependents

A spouse or dependent not already covered by the plan cannot be added, unless confirmed as a new addition to the family.

Add	Drop	Retiree Name	DOB (mm/dd/yyyy)	M	F	SS Number	Health	Dental
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add	Drop	Spouse's Name	DOB (mm/dd/yyyy)	M	F	SS Number	Health	Dental
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add	Drop	Child's Name	DOB (mm/dd/yyyy)	M	F	SS Number	Health	Dental
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add	Drop	Child's Name	DOB (mm/dd/yyyy)	M	F	SS Number	Health	Dental
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add	Drop	Child's Name	DOB (mm/dd/yyyy)	M	F	SS Number	Health	Dental
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

All retirees must submit enrollment forms to the Campbell County Department of Management Services for processing by 5 p.m. on Friday, November 11.

Section 4: Health Savings Account -

County and Voluntary Contributions Deposited at the End of Each Month, Beginning in January 2023

I understand my responsibility to ensure all IRS guidelines and applicable regulations are followed as it relates to my HSA account. [By checking this box I confirm that I meet all the criteria listed in this section.](#)

Per federal IRS laws, you must meet all the following requirements to open/contribute to an HSA account:

- Covered under a qualified high deductible health plan;
- Not covered by any other health plan, including your spouse's health insurance;
- Not covered by spouse's Medical Flexible Spending Account (FSA);
- Not enrolled in any part of Medicare or Tricare;
- Have not received Veteran's health benefits in the past 90 days prior to an HSA initial enrollment;
- Not claimed as a dependent on another person's tax return.

The 2023 IRS Maximum Limits are as follows:
Employee Only - \$3,850
Employee +1 - \$7,750
Employee +Family - \$7,750
Family - (Both spouses employed by County) - \$7,750

*If you are over age 55, an additional \$1,000 may be contributed until your effective Medicare date.

*Retiree benefits information and forms can now be found online at www.campbellcountyva.gov
Go to the Departments tab and select Public and Employee Relations.
Select Retiree Benefits from the column on the left.*

Terms and Conditions: By signing below I understand and agree to the following:

I cannot change or revoke any of my elections or this compensation reduction agreement at any time during the plan year unless I have a qualified change in family status.

The Plan Administrator/VRS may reduce or cancel my compensation reduction or otherwise modify this agreement in the event it is advisable in order to satisfy certain provisions of the Internal Revenue Code;

The reduction in my cash compensation under this agreement shall be in addition to any reductions under other agreements or benefit programs maintained by Campbell County/VRS.

It is my responsibility to contact Campbell County Management Services three months before becoming Medicare eligible.

I give Campbell County permission to adjust payment of my insurance premiums through VRS, based on the plan I select.

Section 5: RETIREE SIGNATURE and DATE

I hereby authorize Campbell County to coordinate the necessary payments of premiums from my VRS account. I cannot change or revoke any of my elections at any time during the plan year unless I have a qualifying life event. Changes to HSA contributions for those under 65 are allowed at open enrollment and mid-year open enrollment in June to be effective July 1 of each year.

If declining coverage, I certify I have been given the opportunity to continue coverage for myself and eligible dependents per Campbell County's handbook. I understand I am declining enrollment for myself and, if applicable, my eligible dependents.

Signature of Retiree

Date