



# 2025 RETIREE BENEFITS ENROLLMENT ELECTION AND CHANGE FORM

**All retirees on Campbell County's health or dental plan must complete and sign a form for 2025 to select or waive benefits.** All enrollment changes are effective January 1, 2025. Submittal of this form replaces all other benefit elections made for 2024.

**Allocations for benefits will be pulled from VRS in December 2024 for January 2025 coverage. Checks for dental coverage must be submitted by December 10 at the new rate for January 1 coverage.**

Name: (Last, First, Middle Initial)			Date of Birth	Male	Female	Single	Married
<input type="text"/>			<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current Mailing/Street Address				Preferred Email			
<input type="text"/>				<input type="text"/>			
City	State	Zip	Home Phone	Cell Phone	<input type="checkbox"/> Check if your address, marital status, or phone numbers have changed in the past year.		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			

## 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 2025. Please note that you must fill-out Section 3 to include any covered individuals on your plan.

CHOOSE ONE

- Anthem's HDHP with HSA and Vision (KeyCare)
- Anthem's HealthKeepers Plan with HSA and Vision. 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, 2024.

**Be Sure to complete Section 2!**

## Section 2: 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Add	Drop	Spouse's Name	DOB (mm/dd/yyyy)	M	F	SS Number	Health
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Add	Drop	Child's Name	DOB (mm/dd/yyyy)	M	F	SS Number	Health
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Add	Drop	Child's Name	DOB (mm/dd/yyyy)	M	F	SS Number	Health
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Add	Drop	Child's Name	DOB (mm/dd/yyyy)	M	F	SS Number	Health
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<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 15.**

**Mail to: Payroll and Benefits  
47 Courthouse Lane - Suite 3  
Rustburg, VA 24588**

**or email - payrollbenefits@campbellcountyva.gov**

### Section 3: Health Savings Account -

County and Voluntary Contributions Deposited at the End of Each Month, Beginning in January 2024

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;
- Not claimed as a dependent on another person's tax return.

The 2025 IRS Maximum Limits are as follows:  
Employee Only - \$4,300  
Employee +1 - \$8,550  
Employee +Family - \$8,550  
Family - (Both spouses employed by County) - \$8,550

\*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](http://www.campbellcountyva.gov)*

*Go to the Departments tab and select Management Services.*

*Select Retiree Benefits Information and Updates 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.

*Please note: If you did not select benefits at the time of retirement, you are not eligible to participate in current plan offerings.*

#### **Section 4: 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 canceling 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 canceling enrollment for myself and, if applicable, my eligible dependents.

**Signature of Retiree**

**Date**