



2025 BENEFITS ENROLLMENT, ELECTION AND CHANGE FORM

Open Enrollment 2024

New Hire

Qualifying Event

Start Date

Event Date

Qualifying Event Type

Marriage/Divorce

Birth or Adoption of Child

Loss of Coverage

Other

NOTE: If an IRS qualifying event occurs, a benefits enrollment/change form must be submitted to the Payroll and Benefits Manager within 31 days of the event. If the change is not submitted within this time frame, you must wait until the next open enrollment cycle. Visit www.healthcare.gov for a current list of qualifying events.

Employee Name: (Last, First, Middle Initial

Date of Birth

Current Mailing/Street Address

Preferred Email

Male Female

Single Married

City State Zip Home Phone Cell Phone

Section 1: Selection or Waiver of Health Benefits

Be Sure to complete Section 3!

Please read all options below and check the box to reflect your choice. Premiums are deducted monthly, starting in December for January 2024. Please note that you must fill-out Section 3 to include any covered individuals on your plan.

Enroll in Anthem's Standard HDHP with HSA and Vision

Enroll in Anthem's HealthKeepers Plan with HSA and Vision
A list of participating providers is posted on the County intranet portal.

Waive/Cancel Participation in Campbell County's Offered Health Benefits/Plans

Section 2: Anthem Dental Insurance

Be Sure to complete Section 3!

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

Enroll in Anthem's Dental Plan

Waive/Cancel Participation in Anthem's Dental Plan

Section 3 : Covered Individuals/Dependents Attach a separate sheet to this form if needing to include more dependents' information.

Add	Drop	Employee 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 new employees must submit enrollment forms to the Campbell County Department of Management Services for processing within 3 days of hire.

Section 4: Pre-Tax Options - Choose One - (Only If Participating in Health/Dental Program)

- Authorize pre-tax salary reductions – I understand my premiums for health and/or dental will be taken from my salary prior to the calculation of taxes reducing my gross taxable wages.
- Waive/Cancel all pre-tax benefits – I understand my premiums for health and/or dental will be taken from my salary as an after-tax payroll deduction.

Section 5: Health Savings Account -

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

- I am newly enrolling for Health insurance and an HSA Account.
- I am currently enrolled in a Campbell County HSA account and would like my payroll deduction to remain the same.
- I want to voluntarily add/change my monthly payroll deduction to my HSA to \$_____ per month.
- I want to voluntarily waive/cancel my participation in the health insurance and HSA enrollment.
- I understand my responsibility to ensure all IRS guidelines and applicable regulations are followed as it relates to my HSA account.

HSA regulations:

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 (some exceptions do apply); 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.

Please note: You must include the County's portion in your maximum annual contribution. For example, (for those who are under 55) if you select Employee Only coverage, this means your contribution cannot exceed \$3,150 per year (\$262.50 monthly); contributions toward the Employee Plus 1, and Family plans offered cannot exceed \$6,300 annually (\$525.00 monthly). Federal IRS penalties apply if HSA contributions go over max limits. You can only enroll in an HSA if you are participating in the current HDHP or HealthKeepers Plan.

Section 6: Dependent Care Flexible Spending Accounts

- Enroll or change for a monthly contribution amount of \$_____ for a total annual amount of \$_____. (IRS limits annual contribution to \$5,000).
- Waive Dependent Care

Covers eligible dependent care expenses for your federal tax dependents. To be eligible, expenses must be necessary to enable you or your spouse to be gainfully employed or in search of gainful employment or to attend school on a full-time basis and must be for the care of a child under 13 years of age or a disabled dependent adult. For the dependent care assistance benefit, a statement will need to be provided from the service provider including the amount of the expense, the name of dependent, address, the taxpayer identification number of the service provider, and the dates of service. Reimbursement will be for amounts up to the balance in my account at the time of the request. Any amounts not used during a plan year for dependent care will be forfeited and will not be paid to me in cash or used to provide benefits specifically for me in a later plan year.

Section 7: United Way Contributions (payroll deductions to United Way or Campbell County affiliated 501c3 agencies)

- I authorize Campbell County Management Services to make a one-time payroll deduction of \$_____ in 2025 to United Way as indicated on my signed United Way participation form.
- I authorize Campbell County Management Services to make a monthly payroll deduction of \$_____ United Way as indicated on my signed United Way participation form, for a total annual donation of \$_____.

NOTE: Please use the separate form provided if contributing to other agencies other than United Way.

Section 8: EMPLOYEE SIGNATURE and DATE

I hereby authorize Campbell County to deduct the necessary premiums, if any, from my paycheck. 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 (employee) HSA contributions are allowed at open enrollment and mid-year open enrollment in June to be effective July 1 of each year. Pre-tax benefits are not subject to federal income or FICA taxes which could result in a reduction in the Social Security benefits I receive at retirement. If declining coverage, I certify I have been given the opportunity to apply for coverage for myself and eligible dependents, if any. I understand I am declining enrollment for myself and, if applicable, my eligible dependents. I may be able to enroll myself and my eligible dependents in this plan if I have a qualifying event.

Signature of Employee

Date