



OPEN ENROLLMENT & FORMS OVERVIEW

OPEN ENROLLMENT NOTICE

Distribute *Open Enrollment Notices* to **all eligible employees prior to the beginning of the Open Enrollment Period. Employees will not be able to make changes after the Open Enrollment Period is over.**

OPEN ENROLLMENT FLYER

Post the *Open Enrollment Flyer* in a prominent place where all staff can view it. You may make copies and post them in several locations, such as the teacher's lounge, a break room, or a bulletin board.

EMPLOYEE BENEFIT ELECTION FORM

Members who only want to make benefit changes (e.g., change from a Basic Plan to an RM plan or add Dental and Vision coverage) should be provided an *Employee Benefit Election Form*. This form should only be used during the Open Enrollment Period and is not required for new employees.

MUST ENROLLMENT FORM

Current MUST members are not required to annually complete *MUST Enrollment Forms*. Eligible employees not currently covered who would like to request coverage are required to complete a *MUST Enrollment Form* and, if applicable, a *Voluntary Life Benefit Enrollment Form*.

MUST CHANGE FORM

Use this form for employees and retirees who wish to make enrollment changes, such as address change or add or drop a dependent.

IMPAIRED DEPENDENT FORM

Dependent children are eligible for coverage up to age 26 regardless of student or marital status. Impaired dependents over age 26 may be eligible for coverage with completion of the *Impaired Dependent Form*.

MUST WAIVER FORM

Use this form for employees who elect to waive coverage at initial hiring and benefit offering. Please note, employees covered as a dependent under a policy held by an employee of the same school district are eligible for all Life and Long Term Disability (LTD) benefits offered by the group. Therefore, those employees are required to complete a *MUST Waiver Form* and designate their beneficiaries.

TERMINATION NOTICE

This form is used to terminate coverage for individuals who have left employment, and are no longer eligible for benefits. To drop a dependent's coverage or to drop retiree coverage, please use a *MUST Change Form*.

DOMESTIC PARTNER FORM

Use this form to establish the eligibility of a domestic partner at initial enrollment or during the Open Enrollment Period. This is not a *Special Enrollment Event*.

COMMON-LAW MARRIAGE AFFIDAVIT

Use this form to establish the eligibility of a common-law spouse at initial enrollment or during the Open Enrollment Period.

LIFE INSURANCE FORM

Use this form if Voluntary Employee-Paid Life is offered by the school district. The guarantee issue amount is \$50,000. Employees electing more than \$50,000 must complete and submit an *Evidence of Insurability Form*. Trustees are not eligible for Life and the Long Term Disability (LTD) benefit.

EVIDENCE OF INSURABILITY STATEMENT

A new employee electing more than \$50,000 of Voluntary Employee-Paid Life coverage must complete an *Evidence of Insurability Form*. An existing employee electing Voluntary Employee-Paid Life coverage must also complete an *Evidence of Insurability Form* regardless of the amount they are requesting. Do not withhold the premium until coverage has been approved.