

Office Use
 Date of Hire:
 Date of Coverage/Change:
 Term Date:



Open Enrollment Application

Open Enrollment is the annual time period in which benefit-eligible employees can make changes to their medical and dental elections. Open Enrollment is held the month of April for a July 1st start date. Please read and make your selections carefully.

What can I do during Open Enrollment?
1. Enroll, change, or drop medical and/or dental 2. Add, change or drop dependents 3. Review and update your life insurance beneficiary (can be done at any time)

EMPLOYEE INFORMATION			
Last	First		Middle Initial
Address	City	State	Zip Code
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Social Security Number	

PLAN CHANGES			
This section indicates your new plan or tier selection(s). If you are not making changes to a current election leave the appropriate section blank. BCBS PPO1 is the NEW plan option.			
Medical Plan:	Medical Plan Tier:	Dental Plan:	Dental Plan Tier:
BCBS HMO <input type="checkbox"/>	Single <input type="checkbox"/>	Group Administrator PPO <input type="checkbox"/>	Single <input type="checkbox"/>
BCBS PPO1 <input type="checkbox"/>	Family <input type="checkbox"/>	Guardian HMO <input type="checkbox"/>	Family <input type="checkbox"/>
BCBS PPO2	Waive <input type="checkbox"/>		Waive <input type="checkbox"/>

DEPENDENT INFORMATION (only complete this section if you are adding dependents)			
Spouse's Name	Date of Birth (mm/dd/yr)	Social Security Number	Gender
Dependent's Name	Date of Birth (mm/dd/yr)	Social Security Number	Gender
Dependent's Name	Date of Birth (mm/dd/yr)	Social Security Number	Gender
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Dependent's Name	Date of Birth (mm/dd/yr)	Social Security Number	Gender

LIFE INSURANCE BENEFICIARY (You are provided with an NSSEO fully funded life insurance policy. You must complete this section)			
<i>Last, First Name</i>	<i>Date of Birth (mm/dd/yy)</i>	<i>Address</i>	Primary <input checked="" type="checkbox"/> Contingent <input type="checkbox"/>
<i>Last, First Name</i>	<i>Date of Birth (mm/dd/yy)</i>	<i>Address</i>	Primary <input type="checkbox"/> Contingent <input type="checkbox"/>



<i>Last, First Name</i>	<i>Date of Birth (mm/dd/yy)</i>	<i>Address</i>	<i>Primary</i> <input type="checkbox"/>
			<i>Contingent</i> <input type="checkbox"/>
<i>Last, First Name</i>	<i>Date of Birth (mm/dd/yy)</i>	<i>Address</i>	<i>Primary</i> <input type="checkbox"/>
			<i>Contingent</i> <input type="checkbox"/>
<i>Last, First Name</i>	<i>Date of Birth (mm/dd/yy)</i>	<i>Address</i>	<i>Primary</i> <input type="checkbox"/>
			<i>Contingent</i> <input type="checkbox"/>
<i>And Any Children Born of This Marriage – PER STIRPES</i>			<i>Primary</i> <input type="checkbox"/>
			<i>Contingent</i> <input type="checkbox"/>
Waiver (Sign here only if you do not want medical and/or dental benefits. Check the appropriate box)			
I do not wish to enroll and understand that I will not be entitled to any benefits provided by the plan. If I wish to enroll at a later date, I will be required to meet certain conditions of the plan. <input type="checkbox"/> MEDICAL <input type="checkbox"/> DENTAL			
The reason I have chosen to waive benefits through NSSEO is because health coverage exists for myself and/or my dependent(s) through another plan <input type="checkbox"/> yes <input type="checkbox"/> no			
Signature _____		Date: _____	

This is to certify that on **July 1, 2024**, I incurred the status change checked above and wish to change my plan benefits as indicated. If electing to participate in the Benefit Plan I authorize NSSEO to reduce my compensation by the amount required to pay my share of the premiums for the coverage that I have elected.

Employee Signature: _____ Date: _____

Reminder: This application is needed when submitting any change to your current elections during Open Enrollment. If your paperwork is submitted after the deadline you will have to wait until the next Open Enrollment or in the event of a qualified life event (QLE) to make changes to your health insurance coverage. If you have any questions please contact Kim Cowles at kcowles@nsseo.org or 847-463-8127.