

2019 HEALTHCARE OPEN ENROLLMENT

Print Name

Work Location – Name of church/school – K-8 or 9-12 /other

To All Healthcare Eligible Employees:

Email address

It is once again time for Open Enrollment for healthcare. We want to make the enrollment process as easy as possible with a minimum number of forms to be completed. Check all that apply and submit to HR.

If you are **Opting Out** of our healthcare coverage you must complete the appropriate Declination Form* **AND** send us a copy of your Medical Card showing you currently have coverage.

If you are married you must complete the **Spouse Application** form.* If your spouse is not eligible to be covered but wishes to buy-in to our plan you must complete the Spouse application form (for spouse buy-in participants), please contact Human Resources for the appropriate form to report these changes.

If you have had **any contact changes** since last December regarding your Name, Address, Phone #, or email address please complete the Contact Change Notification Form.*

If you want to contribute funds to your **Flexible Spending Account** for healthcare (for those enrolled in the HMO plan) or to contribute funds for Dependent Day Care you will need to complete the FSA Salary Redirection Agreement form.*

If you wish to make employee contributions to your **Optum HSA** (this is in addition to the conference subsidy of \$1200/\$2400) you must complete the Health Savings Account Salary Reduction/Redirection Form.*

If you want to **change** from the PPO plan to the HMO plan or from the HMO plan to the PPO plan please contact the Human Resources office for the appropriate forms. If you have Opted Out of our coverage and wish to enroll for 2019 or if you are currently enrolled and wish to Opt Out in 2019 please contact the Human Resources office for the appropriate forms.

Complete appropriate forms, **sign and fax** back to the Human Resources office **818 546-8475** no later than **Thursday, December 13, 2018.**

***** Check here if you are NOT changing your plan type (PPO or HMO).**

Please sign and date this notice.

****(For FSA and HSA contributions, a new form is required each calendar year.)*

Signature

Date

You will remain in your current plan type (PPO or HMO) unless you submit completed, signed change forms. (Contact the HR department for appropriate forms.)

*Forms available 12/1/18 on the SCC website <https://scc.adventist.org/departments/human-resources/employee/2019-open-enrollment>

If you have any questions please contact the Human Resources office at 818 546-8415 or hr@sccsda.org