

HOLSTON CONFERENCE - UNITED METHODIST CHURCH

Open Enrollment Information Form

November 1 through November 30, 2016

If there are no changes to your current Health Insurance Plan and you DO NOT wish to enroll in the Medical or Dependent Care Flexible Spending Accounts administered by PBS, you are not required to complete this form or take any other action.

Enrollment in the Flexible Spending Accounts is required each year to continue participation.

IF YOU ARE A NEW ENROLLEE IN THE CONFERENCE HEALTH INSURANCE PLAN COMPLETE THE SEPARATE ENROLLMENT FORM ONLY

DO NOT COMPLETE THIS FORM

COMPLETE THIS FORM ONLY TO CHANGE EXISTING COVERAGE OR PLAN OPTION

I WOULD LIKE TO CHANGE MY HEALTH PLAN OPTION

NAME _____

CLERGY

LAY EMPLOYEE

BCBST PARTICIPANT NUMBER _____

ORGANIZATION _____

I WOULD LIKE TO CHANGE TO THE FOLLOWING TYPE OF COVERAGE:

INDIVIDUAL _____

EMPLOYEE + ONE _____

FAMILY COVERAGE _____

PLEASE ADD THE FOLLOWING DEPENDENTS TO MY COVERAGE:

NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER	RELATIONSHIP

PLEASE REMOVE TO FOLLOWING INDIVIDUALS FROM MY COVERAGE

NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER	REASON

I WOULD LIKE TO CHANGE TO THE FOLLOWING PLAN OPTION:

MY CURRENT PLAN IS THE PPO PLAN

OR H.S.A PLAN

I WOULD LIKE TO CHANGE FROM THE PPO PLAN TO THE H.S.A. PLAN

I WOULD LIKE TO CHANGE FROM THE H.S.A. PLAN TO THE NEW PPO PLAN

(See Below for H.S.A.)

NEW H.S.A. - HEALTH SAVINGS ACCOUNT INFORMATION

I HAVE OPENED MY HEALTH SAVINGS ACCOUNT WITH:

(REQUIRED PRIOR TO ENROLLMENT)

HOLSTON METHODIST FEDERAL CREDIT UNION

A/C # _____

HEALTH EQUITY (healthequity.com)

A/C # _____

I UNDERSTAND THESE ELECTIONS AND / OR MODIFICATIONS ARE EFFECTIVE JANUARY 1, 2017

SIGNATURE _____ DATE _____