



2023-2024 Plan Year - Open Enrollment Forms

Return Forms to Shari Carr / Bessie Nelson No Later than Friday, June 2nd.

Premium Election Form – {Required for Federal Government IRS Regulations}

Complete this REQUIRED Annual form for your benefit plan payroll deduction calculations that will be effective 7/1/2023.

Benefit Waive Signature Form

Complete this form if you are Waiving/Declining ANY OR ALL of the COBRA Eligible benefit plans {Medical/Rx, Dental, Vision} effective 7/1/2023.

****All Forms listed are available on the Jefferson County Website**

<http://www.jeffersoncountywv.org/county-government/employee-page/county-employee-benefits>

Forms are also available upon request in the Payroll Department.

Highmark Medical & Prescription Plan Enrollment / Change Form

This form needs to be completed to elect or to make any change to your Medical/Rx coverage effective 7/1/2023.

Highmark Dental Plan Enrollment / Change Form

This form needs to be completed to elect or to make any changes to your existing Delta Dental coverage which transitions to Highmark Dental effective 7/1/2023.

NVA Vision Plan Enrollment / Change Form

This form needs to be completed to elect or to make any change to your Vision coverage effective 7/1/2023.

Hartford Supplemental Life Plan Enrollment / Change Form

This form needs to be completed to elect or to make any change to your Supplemental Life coverage effective 7/1/2023.

Note: if your election is NOT within your Initial New Hire Eligibility Waiting Period, you will be required to complete the Evidence of Insurability Packet that will be submitted with the enrollment form for review and determination by the carrier. The EOI Packet is available upon request to Shari Carr in the Payroll Department.

Hartford Beneficiary Designation

Please complete this form as an Annual Update for you designated Beneficiary(ies) for the **Employer Paid Basic Life/AD&D Benefit AND for the Supplemental Life Insurance.**