Completing the Open Enrollment Election Form

Open Enrollment for Health Coverage and Flexible Spending
May 1 – May 15, 2017
Section I: Personal Information

- Enter your personal information as indicated
- For “Assigned ID” use either your health plan member ID or your Social Security number. Do not use your VCU V-ID number.
- For “State E-mail” and “State Phone” use your VCU contact information
Section 2: Reason for This Election

- Check “Open Enrollment” and make no other selections
Section 3: Flexible Spending Accounts

• If you do not wish to participate in flexible spending, check “I do not wish to participate in an FSA,” or

• To elect participation, enter a per-pay-period contribution amount for the applicable FSA type(s).
Section 4: Health Care Coverage

• If you wish to waive health coverage as of July 1, 2017, check the first box.
Section 4: Health Care Coverage (continued)

• If you wish to retain your current health plan selection for the plan year that begins July 1, 2017, check the second box.
Section 4: Health Care Coverage (continued)

• If you wish to make a new health plan selection for the plan year that begins July 1, 2017, check your plan selection.
Section 4: Health Care Coverage (continued)

• If you will cover any eligible family members as of July 1, 2017, check the first box and list the family members. Any family member not listed will not be covered.

Check the box that applies.

- I wish to cover the following eligible family members listed below. You will be required to submit documentation when adding family members to your coverage. Any family member not listed will not be covered.

- I do not wish to cover any family members.

<table>
<thead>
<tr>
<th>RELATIONSHIP</th>
<th>CODE*</th>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>MIDDLE INITIAL</th>
<th>DATE OF BIRTH MM/DD/YYYY</th>
<th>SOCIAL SECURITY NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>Code</td>
<td>Enter name</td>
<td></td>
<td>Enter DOB</td>
<td>Enter SSN</td>
<td></td>
</tr>
<tr>
<td>Children</td>
<td>Code</td>
<td>Enter name</td>
<td></td>
<td>Enter DOB</td>
<td>Enter SSN</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Code</td>
<td>Enter name</td>
<td></td>
<td>Enter DOB</td>
<td>Enter SSN</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Code</td>
<td>Enter name</td>
<td></td>
<td>Enter DOB</td>
<td>Enter SSN</td>
<td></td>
</tr>
</tbody>
</table>

*Relationship Codes: SM=spouse male, SF=spouse female, S=son, D=daughter, SS=stepson, SD=stepdaughter, OF=other female child, OM=other male child
Section 4: Health Care Coverage (continued)

• If you will not be covering any family members as of July 1, 2017, check the second box and do not list any family members.

Check the box that applies.

☐ I wish to cover the following eligible family members listed below. You will be required to submit documentation when adding family members to your coverage. Any family member not listed will not be covered.

☐ I do not wish to cover any family members.

<table>
<thead>
<tr>
<th>RELATIONSHIP CODE*</th>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>MIDDLE INITIAL</th>
<th>DATE OF BIRTH MM/DD/YYYY</th>
<th>SOCIAL SECURITY NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Relationship Codes: SM = spouse male, SF = spouse female, S = son, D = daughter, SS = stepson, SD = stepdaughter, OF = other female child, OM = other male child
Section 5: Employee Certification

• Carefully review the certification and authorization, then print your name, your assigned ID (health plan ID number) or SSN, sign and date where indicated. Do not enter your VCU V-ID number.
Section 6: Agency Verification

• This section is completed by VCU Human Resources. Please leave this section blank.

DO NOT COMPLETE
Tips and Reminders

• If you are removing a family member from coverage, they should not be listed anywhere on your form. List only family members you wish to cover as of July 1, 2017. Your updated list of covered family members will override any list currently on file.

• If you are listing any family member who is not currently covered, you must supply the required eligibility documents for that family member along with your election form. See the list of required documents at www.hr.vcu.edu/open-enrollment. Your family member cannot be added until the required eligibility documents are received.
Tips and Reminders

• Do not submit an open enrollment election unless you are:
  • Making a change to your health plan selection, or
  • Making a change to your covered family members, or
  • Enrolling flexible spending

• If you wish to keep the same health plan selection and covered family members, and do not wish to enroll in flexible spending, you do not need to submit an open enrollment election.
Election Form Due Date

Open enrollment election forms must be received by VCU Human Resources no later than 5:00 p.m. on Monday, May 15, 2017:

<table>
<thead>
<tr>
<th>Mail or Hand Delivery</th>
<th>Campus Mail</th>
<th>Fax</th>
</tr>
</thead>
<tbody>
<tr>
<td>VCU Human Resources Benefits Administration Box 842511 600 W. Franklin Street Richmond, VA 23284-2511</td>
<td>VCU Human Resources Campus Box 842511</td>
<td>(804) 827-4728</td>
</tr>
<tr>
<td></td>
<td>email</td>
<td><a href="mailto:benefits@vcu.edu">benefits@vcu.edu</a>*</td>
</tr>
</tbody>
</table>

Keep a copy of your form, and your mailing or transmission receipt, for your records.

*Avoid using external Internet email for items that include Social Security numbers. Email within the VCU network is encrypted.*
If you are adding family members to health coverage...

- Eligibility documents are **required** for each family member you add or re-add to health coverage during open enrollment. Documents are not required for currently covered family members that are staying on your plan without interruption.
- See the list of required documents at [www.hr.vcu.edu/open-enrollment](http://www.hr.vcu.edu/open-enrollment).
- Submit documents along with your election form.
- If you don’t have the documents by May 15, submit your election form by the open enrollment deadline, and your election will be held for up to an additional 30 days while you obtain the documents.
- If the documents are not received by 30 days after the open enrollment deadline, your election will be declined.
We’re Here to Help!

VCU Human Resources
Benefits Administration
827-1723
benefits@vcu.edu