Completing the Open Enrollment Election Form

Open Enrollment for Health Coverage and Flexible Spending
May 1 – May 15, 2024
Use Cardinal to make your open enrollment elections online whenever possible. *Cardinal is the fastest and most secure way to make open enrollment elections!*

The enrollment form is a request for VCU HR to enter your data into Cardinal for you, but it is the same data and we enter it in the same system.
Do You Need To Take Action During Open Enrollment? Yes or No

<table>
<thead>
<tr>
<th>I want to...</th>
<th>Do I still need to make an Open Enrollment election?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participate in flexible spending accounts (FSA) for the July 2024 – June 2025 plan year</td>
<td>YES, even if you had a previous FSA</td>
</tr>
<tr>
<td>Change my health plan selection</td>
<td>YES</td>
</tr>
<tr>
<td>Change who is covered on my health plan</td>
<td>YES</td>
</tr>
<tr>
<td>Keep the same health plan with the same people covered, and not participate in the flexible spending accounts (FSA)</td>
<td>NO</td>
</tr>
</tbody>
</table>

No open enrollment election is required to keep your same health plan selection with the same covered family members.
Section I: Personal Information

• Enter your personal information as indicated

• For “Identification Number” use either your health plan member ID, Cardinal 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 an **annual** contribution amount for the applicable FSA type(s). **Do not enter a per-pay-period amount.**
Section 4: Health Care Coverage

- If you wish to waive health coverage effective July 1, 2024, check the first box. This will cancel any current health coverage.
Section 4: Health Care Coverage (continued)

- If you wish to retain your current health plan selection **and** covered family members for the plan year that begins July 1, 2024, check the second box.
If you wish to retain your current health plan selection but will be adding or removing family members effective July 1, 2024, check the box highlighted below.

**Section 4: Health Care Coverage**

- **STATEWIDE HEALTH PLANS**
  - Administered by Anthem Blue Cross Blue Shield:
    - COVA Core (with preventive dental) (ACCO)
    - COVA Core + Out of Network (ACCI)
    - COVA Core + Expanded Dental (ACC2)
  - COVA Core + Out of Network and Expanded Dental (ACC3)
  - COVA Core + Expanded Dental + Vision & Hearing (ACC4)
  - COVA Core + Out of Network + Expanded Dental + Vision & Hearing (ACC5)
  - COVA HDP: High Deductible Plan (with preventive dental) (CHD)
  - COVA HDP: High Deductible Plan + Expanded Dental (CHD 1)

- **Administered by Aetna**:
  - COVA HealthAware (with preventive dental) (CHA)
  - COVA HealthAware + Expanded Dental (CHA2)
  - COVA HealthAware + Expanded Dental & Vision (CHA1)

- **Regional Health Plans**
  - Administered by Kaiser Permanente of the Mid-Atlantic States, Inc.
    - Kaiser Permanente HMO: available in Northern Virginia, Central Virginia and Northern Neck designated zip codes (KF)
  - Administered by Sentara Health Plans
    - Sentara Health Plans HMO (formerly Optima) – available primarily in Hampton Roads zip codes (CH)
Section 4: Health Care Coverage (continued)

• If you wish to make a **new** health plan selection for the plan year that begins July 1, 2024, check your plan selection.
Section 4: Health Care Coverage (continued)

- If you changed your health plan above but want to cover the same family members as last year on your new plan effective July 1, 2024, check the first box (“No change to my existing covered family members”).

- To cover no family members effective July 1, 2024, check the second box. All family members currently covered will be removed from your health plan effective July 1, 2024.

- To add family members or remove some (but not all) family members effective July 1, 2024, check the third box and make a list of the family members you wish to cover as of July 1, 2024 (including any members you are already covering now that you will keep on your coverage). Any family member that you do not list but who is currently covered will be removed from your health plan effective July 1, 2024.
Section 5: Employee Certification

- Carefully review the certification and authorization, then print your name, sign, and date where indicated.

Section 5: Employee Certification and Authorization

I certify that I have reviewed and understand the State Health Benefits Program eligibility and enrollment information and I agree to abide by all participation requirements. I certify that all dependents listed meet the eligibility requirements of the program and that the information I have provided on this form is complete and accurate to the best of my knowledge. I understand that intentionally giving incorrect information is considered perjury and punishable to the fullest extent of the law. I understand that the health plan and its business associates have the right to use protected health information in connection with the treatment, payment and health plan operations allowed for by HiPAA. I understand that participating in a Flexible Spending Account (FSA) is completely voluntary, and that payments from my FSA are independently reviewed for compliance with IRS regulations. I further understand that the IRS requires me to reimburse the Plan for any improper, erroneous or excess reimbursement amount that I do not resolve within the timeframe provided by the Plan. In accordance with §40.1-29(C) of the Code of Virginia, by enrolling in an FSA I specifically authorize the Commonwealth of Virginia to withhold from my paycheck on a post-tax basis such amounts as are necessary to replenish my FSA for any improper, erroneous or excess reimbursement.

Print Your Name: ________________________________

Sign Here: ________________________________ Date: ________________________________
## Section 6: Agency Verification

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

<table>
<thead>
<tr>
<th>Date Received</th>
<th>Date Keyed</th>
<th>Effective Date</th>
</tr>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Print Contact Name</th>
<th>Phone</th>
<th>Agency Group Name</th>
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<table>
<thead>
<tr>
<th>Employee ID or Social Security Number</th>
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<td></td>
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</table>

DO NOT COMPLETE
Tips and Reminders

• If you are removing a family member from coverage, they should not be listed anywhere on your form. 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 covered 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

• Do not make your open enrollment elections by more than one method. Use either the online system (Cardinal) or an enrollment form. Do not use both methods for the same elections.

• 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

If you use an Election Form for open enrollment instead of using Cardinal online:

- Election forms returned electronically (HR Support Request, DocuSign, fax, VCU File Locker) must be **received** by VCU Human Resources no later than May 15, 2024.

- Election forms returned by postal mail must be postmarked by May 15, 2024.

<table>
<thead>
<tr>
<th>HR Support Request</th>
<th>DocuSign</th>
<th>Mail</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="https://go.vcu.edu/hrsupport">https://go.vcu.edu/hrsupport</a></td>
<td><a href="hr.vcu.edu/open-enrollment">hr.vcu.edu/open-enrollment</a></td>
<td>VCU Human Resources Box 842511 600 West Franklin Street Richmond, VA 23284-2511</td>
</tr>
<tr>
<td>Fax</td>
<td>VCU File Locker</td>
<td>Campus Mail is not postmarked and is not recommended for open enrollment elections.</td>
</tr>
<tr>
<td>(804) 827-4728</td>
<td><a href="https://filelocker.vcu.edu">https://filelocker.vcu.edu</a> Share with user ID “OPENENROLL” or share with email address <a href="mailto:openenroll@vcu.edu">openenroll@vcu.edu</a></td>
<td></td>
</tr>
</tbody>
</table>

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

If you choose to hand deliver your form to VCU Human Resources, it must be **received** by 5:00 pm on May 15, 2024.
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 to cover the affected family member(s) will be held for up to an additional 60 days while you obtain the documents.

• If the documents are not received by 60 days after the open enrollment deadline, your election to cover the family member(s) will be declined.
We’re Here to Help!

VCU Human Resources
Benefits Administration

https://go.vcu.edu/hrsupport
openenroll@vcu.edu

Our ability to respond to telephone inquiries is limited during open enrollment. Please use the HR support ticketing system or email for the best service.