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| Prince William County Open Enrollment 2024Retiree Election Form*Return this form to: PWC HR, Attn Benefits team,**One County Complex Ct, suite 155, Woodbridge, VA 22192 or HRBenefitsTeam@pwcgov.org* |

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| Section 1 | NAME:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | DATE OF BIRTH:     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| STREET:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | CITY, STATE:     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ZIP:      \_\_\_\_\_\_\_\_\_\_\_\_ |
| DAYTIME PHONE NUMBER:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last 4 of SSN:     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| SECTION 2 |  [ ]  CHECK HERE FOR AN OPEN ENROLLMENT CHANGE TO BE EFFECTIVE JULY 1, 2024  | For any changes outside open enrollment please send an email to HRBenefitsTeam@pwcgov.org |
| Please select one: |  |  |
| [ ]  ADDING NEW(go to section 3) | [ ]  CHANGING EXISTING(complete below, and go to section 3)  | [ ]  CANCELLING COVERAGE(sign bottom, form is complete) |
| If you are changing your existing coverage, please indicate new plan and level below and explain here. If you are changing to Kaiser, you MUST contact us to complete an application:\_\_\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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Section 3

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| Please indicate your coverage level and list current covered dependents.  |
|  [ ]  Single | [ ]  Employee and spouse | [ ]  Employee and Children | [ ]  Family |
| **List ALL covered dependents:** |  |  |
| NAME (FIRST, LAST) | SSN | DOB | RELATIONSHIP | M/F |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

\*\*to add a new dependent, y*ou must forward a marriage certificate showing marriage within past 30 days for spouse, and birth certificate(s) to add a child born within the past 30 days. No other dependents may be added*

Signature/typed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_