

SAMPLE EVERGREEN OPEN ENROLLMENT NOTICE

Dear Employee,

The School District's Health Insurance open enrollment period for the **INSERT** year will begin on **INSERT DATE**. This e-mail is the first step of a three-part process. The information below covers what open enrollment is and what you may do during this time. Please review the information carefully.

Reasons for Open enrollment:

The Patient Protection and Affordable Care Act require employers to establish specific open enrollment periods for their employees so that required documents can be provided to the employees at the beginning of the set period.

What Open Enrollment Means:

Health, Dental and Vision Plans:

During the open enrollment period, you and/or your eligible dependent(s) have the opportunity to **enroll** for medical, dental, and vision coverage (**ONLY LIST THOSE PROGRAMS THAT THE SCHOOL DISTRICT OFFERS**) or **make changes** to your existing coverage. If you are currently enrolled in our health, dental and vision coverage, and **do not wish to make any changes to your existing coverage, no action is required on your part** and the new contribution rates will automatically be reflected in your **INSERT** pay. Please remember that premium rates for VEHI plans change on July 1st annually.

Flexible Spending (FSA), Dependent Care (DCA) and Health Saving Accounts and Cash in Lieu Benefits:

During the open enrollment period, you and/or your eligible dependent(s) have the opportunity to **elect to participate** in a FSA, DCA and/or HSA or to participate in our Cash In Lieu of Health Insurance program. (**ONLY LIST THOSE PROGRAMS THAT THE SCHOOL DISTRICT OFFERS**). These elections must occur annually and **action is required on your part** elect these benefits for the next Plan Year.

Enrollment Dates:

The open enrollment period will be **INSERT DATES**, and any changes made during open enrollment will be effective on **INSERT DATE**.

Actions you may take:

During open enrollment, you will have the ability to take the following actions:

- Enroll (if not currently enrolled but eligible),
- Add/Remove dependents (with proper documentation),

- Change plans when available, or
- Opt out of a plan.

Qualifying Life Events:

Once the enrollment deadline is past, your choices are binding until the next open enrollment period. Mid-year cancellation is not permitted. The only exceptions allowed are if you experience a qualifying life event. Completed enrollment forms and documentation of qualifying life events will be required within **31 days** of the **event**. A list of possible qualifying life events and supporting documentation include:

- Marriage
 - Documentation – Copy of a certified marriage certificate plus one of the following: a federal tax return, mortgage statement, bank statement, utility bill, rental or lease agreement with the employee's and spouse's names.
- Divorce
 - Documentation – Copy of divorce decree.
- Newly Eligible Dependents (Up to Age 26)
 - Documentation – Birth certificate or adoption certificate.
 - Disabled dependents over age 26 may be eligible for insurance.
- Loss of Coverage for a Spouse
 - Documentation – Letter from spouse's insurance provider stating you and any dependent(s) are no longer covered by their insurance plan.

Next Steps:

Over the next few days, you will receive two more e-mails regarding open enrollment:

- The first e-mail will include a summary of benefits and coverage, health insurance plan rates, and details about the health insurance plan as required under the patient protection and affordable care act.
- The second e-mail will have the enrollment forms for you to make any desired changes.

If you have questions or concerns regarding open enrollment or your insurance, please contact **INSERT**.