

OPEN ENROLLMENT CHANGE FORM
RETIREE/COBRA/LOA/SURVIVING DEPENDENT
01-01-2022 TO 12-31-2022

Any Questions Email Janet at: jbovaconti@parkwayschools.net

_____	_____	____XXX-XX-____
LAST NAME,	FIRST NAME	SOCIAL SECURITY NUMBER (LAST FOUR ONLY)
_____		_____
STREET ADDRESS		DATE OF BIRTH
_____		SEX: M _____ F _____
CITY, STATE, ZIP CODE		PHONE NO: _____
EMAIL ADDRESS: _____		

I WOULD LIKE TO SWITCH TO PARKWAY UHC BASE PLAN _____

I WOULD LIKE TO SWITCH TO PARKWAY UHC PREMIUM PLAN _____

I WOULD LIKE TO SWITCH TO PARKWAY UHC HIGH DEDUCTIBLE PLAN _____

I WOULD LIKE TO SWITCH TO ANTHEM BCBS ADVANTAGE PLAN (AGE 65+)
 (Please include the applications for Anthem BCBS with this change form) _____

I WOULD LIKE TO SWITCH TO AETNA ADVANTAGE PLAN (AGE 65+)
 (Please include the application for Aetna Advantage with this change form) _____

I WOULD LIKE TO SWITCH FROM SUNLIFE ASSURANT DENTAL TO THE DELTA DENTAL PLAN _____

I WOULD LIKE TO SWITCH FROM DELTA DENTAL PLAN TO SUNLIFE ASSURANT DENTAL PLAN N/A
 (Parkway is not allowing any NEW enrollees to Assurant Dental in 2022)

I WOULD LIKE TO ENROLL IN THE EYEMED VISION PLAN** _____

I WOULD LIKE TO ADD THE FOLLOWING DEPENDENTS TO MY CURRENT 2022 PLAN **
 (Please list all dependents you are adding to the below grid. M = Medical, D = Dental, V = Vision) _____

I WOULD LIKE TO DROP THE FOLLOWING FROM MY CURRENT 2022 PLAN _____
 (Please list yourself or any dependents that you are dropping on the below grid. M=Medical, D=Dental, V=Vision)

** You can only add yourself or dependents if you are within one year from your retirement date.

RELATIONSHIP	GENDER M/F	LAST NAME	FIRST NAME	BIRTH DATE	SOCIAL SECURITY NUMBER	M	D	V
SELF								
SPOUSE								
CHILD								
CHILD								

RETIREE/COBRA/LOA SIGNATURE: _____ DATE _____
 Once you drop your Parkway medical, dental or vision benefits; you cannot re-enroll at a future time.

IF YOU ARE NOT MAKING ANY CHANGES TO YOUR BENEFITS AT THIS TIME, NOTHING NEEDS TO BE RETURNED TO THE FINANCE/BENEFITS OFFICE.