OPEN ENROLLMENT CHANGE FORM

RETIREE/COBRA/LOA/SURVIVING DEPENDENT
01-01-22 TO 12-31-22
DENTAL AND/OR VISION ONLY
Any Questions Email Janet at: jbovaconti@parkwayschools.net

(314) 415-8059

_____   _XXX-XX-_____
LAST NAME,   FIRST NAME   SOCIAL SECURITY NUMBER (LAST FOUR ONLY)

_____   _____
STREET ADDRESS   DATE OF BIRTH

_____   SEX: M_____   F_____
CITY, STATE, ZIP CODE

EMAIL ADDRESS: PHONE NO:

IF YOU ARE NOT MAKING ANY CHANGES TO YOUR BENEFITS AT THIS TIME, NOTHING NEEDS TO BE RETURNED TO THE FINANCE/BENEFITS OFFICE. DENTAL AND VISION PREMIUMS ARE INCREASING SLIGHTLY FOR PLAN YEAR 2022.

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. 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. 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		D	V
SELF								
SPOUSE								
CHILD								
CHILD								

RETIREE/COBRA/LOA SIGNATURE: _____   DATE_____
Sign if making changes to your account.

Once you drop your Parkway medical, dental or vision benefits; you cannot re-enroll at a future time.