



PARKWAY
SCHOOLS

OPEN ENROLLMENT

RETIREE/COBRA/LOA
Plan Year: 01/01/2025-12/31/2025

**USE ONLY DURING
OPEN ENROLLMENT
FOR 2025 BENEFITS**

Plan Subscriber's Information:

The Plan Subscriber (Primary holder of the insurance policy) must complete this form and sign to authorize the changes requested.

Legal Full Name: _____ Date of Birth: _____

Street Address: _____ City, State, ZIP: _____

E-Mail Address: _____ Phone Number: _____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

NO ACTION IS NECESSARY TO KEEP YOUR CURRENT BENEFITS

If you do not complete and return this form, your current benefits elections will rollover to the 2025 plan year.

TO CHANGE YOUR BENEFITS

Please complete the this form and indicate your elections for the 2025 plan year in ALL sections.

You cannot add new Dental or Vision coverage if you are not currently enrolled in the respective plan.

DENTAL: Check the box for your dental plan choice and coverage level.

☐ **DECLINE DENTAL**

Plan Choice:

Coverage Level:

☐ Delta Dental

☐ Self Only

☐ Self + Child(ren)

☐ Self + Spouse

☐ Self + Family

VISION: Check the box for your vision plan choice and coverage level.

☐ **DECLINE VISION**

Plan Choice:

Coverage Level:

☐ EyeMed Vision

☐ Self Only

☐ Self + Child(ren)

☐ Self + Spouse

☐ Self + Family

DEPENDENT INFORMATION

Complete this section if electing coverage for your spouse and/or child(ren). Please indicate which coverage(s) each individual is enrolling in by putting an X in under Dental and/or Vision.

Legal Full Name	Date of Birth	Dental	Vision
SPOUSE:			
CHILD:			
CHILD:			
CHILD:			

AUTHORIZATION FOR ENROLLMENT

I authorize Parkway School District to enroll the coverage(s) checked for the listed participants. I understand the following: any changes are non-reversible, coverage can be canceled at any time, coverage cannot be reinstated once dropped. *Exceptions may apply for retirees if a request for reinstatement is made within one (1) year of retirement.*

Plan Subscriber's Signature: _____ Date: _____

Return by Mail:
Parkway School District
Attn: Benefits
455 N. Woods Mill Rd
Chesterfield, MO 63017

Return by Email/Scan:
benefits@parkwayschools.net

Drop form off:
Administrative Building

**OPEN ENROLLMENT ELECTIONS
ARE EFFECTIVE JANUARY 1st, 2025**

Please contact us if you have any questions or concerns: benefits@parkwayschools.net or (314) 415-8059