

OPEN ENROLLMENT

RETIREE/COBRA/LOA

Plan Year: 01/01/2025-12/31/2025

USE ONLY DURING OPEN ENROLLMENT FOR 2025 BENEFITS

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Legal Full Name:	The Plan Subscriber	(Primary hold	ler of the insuran	ce policy) must co	mplete this form an	d sign to a	uthorize the c	hanges req	uested.					
E-Mail Address: Single Married Divorced Separated Widowed 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 Medical, Dental, or Vision coverage if you are not currently enrolled in the respective plan. MEDICAL: Check the box for your medical plan choice and coverage level. DECLINE MEDICAL Plan Choice: Coverage Level: DECLINE MEDICAL Plan Choice: Coverage Level: Decline Healthcare Premium Self Only Self + Spouse Self + Family DENTAL: Check the box for your dental plan choice and coverage level. DECLINE DENTAL Plan Choice: Coverage Level: DECLINE DENTAL Plan Choice: Coverage Level: DECLINE DENTAL Plan Choice: Coverage Level: DECLINE DENTAL Plan Choice: Self + Spouse Self + Child(ren) Self + Spouse Self + Child(ren) Self + Spouse Self + Child(ren) Self + Spouse Self + Family VISION: Check the box for your vision plan choice and coverage level. DECLINE VISION Self + Child(ren) Self + Spouse Self	Legal Full Name: Date of Birth:													
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Return by Mail: Return by Email/Scan:														
	Parkway School District benefits@parkwaysc Attn: Benefits			vayschools.net	OP	OPEN ENROLLMENT ELECTIONS								
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Chesterfield, MO 63017 Administrative Building				102 3/4110	, , , , , , , , , , , , , , , , , , ,	2025								