

# **OPEN ENROLLMENT FORM**

Please select one:

\_\_\_\_\_ I have reviewed my benefits and have no changes to my coverage.

\_\_\_\_\_ I wish to make changes to my coverage. My updated Application and Change Form is attached.

\_\_\_\_\_ Although I am eligible for benefits, I am waiving coverage. My Application and Change form is attached.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Employee Name

\_\_\_\_\_  
Club/Location



