

**Official Use Only**

**Health Care Programs Enrollment/Change**

The information on this form is covered under the Privacy Act.

Reason  Add Dependent During Open Enrollment (Open Enrollment Change Effective January 1)  
 Enroll  Delete  Change Effective Date \_\_\_\_\_

Participant/Dependent Data  Exempt  Nonexempt  Pensioner  Survivor

Social Security No. \_\_\_\_\_ Name (Last, First, Middle) \_\_\_\_\_ Employee ID \_\_\_\_\_ Site Location \_\_\_\_\_ Site Phone \_\_\_\_\_

Covered by WSRC/BSRI/BNFL/B&W Employed Spouse  
 Name \_\_\_\_\_ Check Coverages Selected for Dependents \_\_\_\_\_ Codes \*Indicate Action Being Taken  
 Social Security No. \_\_\_\_\_ A = Add C = Change D = Delete  
 To add more than four dependent children, use additional forms. \*\* Ft = Full Time Student (Over Age 19)  
 HP = Handicapped (Over Age 25)

Codes		Med	Den	VSN	Social Security No.	Sex	Birthdate	Relationship	FT	HP
*	Spouse (Last, First, Middle)									
*	Dependent Children (Last, First, Middle)									
	1.									
*	2.									
*	3.									
*	4.									

If in HMO, please list your PCP number: Spouse \_\_\_\_\_ Dependent Children 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

Flexible Spending Account  
 Dependent Care Spending Account Deduction \_\_\_\_\_ .00 annually. The total annual deduction cannot exceed the lesser of : (a) \$5,000 per family; (b) \$2,500 if married and filing separate tax return; (c) the total compensation earned by you; or (d) the total compensation earned by your spouse.  
 Health Care Spending Account Deduction \_\_\_\_\_ .00 annually. The total annual deduction cannot exceed \$4,000 per employee.  
 \* A-New Enrollment \*C-Change Spending Account Deduction \*D-Delete Spending Account Deduction

Comments (Please indicate your family status change and attach documentation). You cannot change your benefit elections during the year unless you have a qualifying family status change, and the change you desire to make is consistent with the qualifying event. This is because your premium contributions are computed and deducted before your federal and state income taxes and Social Security taxes are computed and withheld.

\_\_\_\_\_

\_\_\_\_\_

- Qualifying Family Status Changes Include**
- Your marriage or divorce
  - Birth or adoption of a child, or the acquisition of a stepchild who will reside in your household
  - Your spouse's gain or loss of employment that results in obtaining or losing coverage
  - Death of a dependent, or
  - A dependent no longer meets the eligibility requirements.

**For Deletions Only:** Provide a home mailing address if the person losing coverage has an address different than yours.  
 Name \_\_\_\_\_  
 Street \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_

Participant Signature I certify that the above is true and correct to the best of my knowledge.  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

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Processed By \_\_\_\_\_ Date \_\_\_\_\_