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| Prince William County Open Enrollment 2024  Retiree Election Form  *Return this form to: PWC HR, Attn Benefits team,*  *One County Complex Ct, suite 155, Woodbridge, VA 22192 or HRBenefitsTeam@pwcgov.org* |

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| Section 1 | NAME:    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | DATE OF BIRTH:    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| STREET:    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | CITY, STATE:    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | ZIP:    \_\_\_\_\_\_\_\_\_\_\_\_ |
| DAYTIME PHONE NUMBER:    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Last 4 of SSN:    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| SECTION 2 | CHECK HERE FOR AN OPEN ENROLLMENT  CHANGE TO BE EFFECTIVE JULY 1, 2024 | | For any changes outside open enrollment please send an email to HRBenefitsTeam@pwcgov.org | | |
| Please select one: |  | |  | |
| ADDING NEW  (go to section 3) | CHANGING EXISTING  (complete below, and go to section 3) | | | CANCELLING COVERAGE  (sign bottom, form is complete) |
| If you are changing your existing coverage, please indicate new plan and level below and explain here. If you are changing to Kaiser, you MUST contact us to complete an application:  \_\_\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
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Section 3

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| Please indicate your coverage level and list current covered dependents. | | | | | | | | |
| Single | Employee and spouse | | Employee and Children | | | Family | |
| **List ALL covered dependents:** | | |  | |  | | |
| NAME (FIRST, LAST) | | | | SSN | | DOB | RELATIONSHIP | | M/F |
|  | | | |  | |  |  | |  |
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\*\*to add a new dependent, y*ou must forward a marriage certificate showing marriage within past 30 days for spouse, and birth certificate(s) to add a child born within the past 30 days. No other dependents may be added*

Signature/typed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_