

Open Enrollment Selection Form



Grandfathered Triple Option

NOTE: This election form is to be used only to change plan options. If you are not presently enrolled, you will need to fill out an Enrollment Application (40-127). If you are adding or dropping dependents, you will need to complete a Change Form (29-151).

Section 1 – Group Information

Group Name

Group Number

_____/_____/_____
Effective Date

Section 2 – Employee Information

Employee Name

Blue Cross ID Number or Social Security Number (Blue Cross ID if possible)

Section 3 – Election

- Option 1: _____
- Option 2: _____
- Option 3: _____

Section 4 – Coverage Information

If you are not enrolling in the Health Insurance Plan, please complete the following information.

- I am covered by my spouse's or parent's insurance plan.

Spouse or Parent's Name

Name of Insurance Company

Employer Name

- I do not wish to enroll in Blue Cross and Blue Shield of Kansas coverage at this time and have no other insurance coverage.
- I have other coverage (i.e. Medicaid, Medicare, CHAMPUS). _____

Section 5 – Notice of Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of another employer group health plan, you may be able to enroll yourself or your dependents in this plan in the future. To do this you must request enrollment within a specific time frame after your coverage ends. If you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependent within a specific time frame. Please see your group administrator for details.

Your signature required

Employee Signature

_____/_____/_____
Date Signed