



Annual Open Enrollment Benefits Election Form

Complete the following elections and return to HR no later than **November 10th** for coverage effective for the plan year December 1, 2023 through November 30, 2024. **ALL** benefits eligible staff must complete and return the form.

Medical Plan Options:

- ☐ I have been offered ARCG medical coverage and am choosing to waive or terminate existing coverage.
- ☐ I am currently enrolled in either the Sutter Health Plus or Kaiser Medical Plan and have no changes to coverage or dependents. My current elections will continue through the following plan year.
- ☐ I am currently enrolled in either the Sutter Health Plus or Kaiser Medical Plan and would like to change my plan choice (gold, silver) or dependents (complete either the "[Kaiser Employee / Dependent Change Form](#)" or "[Sutter Employee Enrollment / Change Form](#)")
- ☐ I am enrolling into the Sutter Health Plus Medical Plan (complete "[Sutter Employee Enrollment / Change Form](#)")
- ☐ I am enrolling into the Kaiser Medical Plan (complete the "[Kaiser Employee Enrollment Form](#)")

Dental Plan Options:

- ☐ I am waiving or terminating enrollment in the Dental Plan.
- ☐ I am currently enrolled in the Dental Plan and have no changes to coverage.
- ☐ I am enrolling in the Dental Plan or modifying dependents (complete the "[Dental / Vision Enrollment Form](#)")

Vision Plan Options:

- ☐ I am waiving or terminating enrollment in the Vision Plan.
- ☐ I am currently enrolled in the Vision plan and have no changes to coverage.
- ☐ I would like to enroll in the Vision Plan (Complete the "[Dental / Vision Enrollment Form](#)")

Healthcare Savings Account

- ☐ I am interested in contributing to a Health Savings Account (Complete the "[HSA Contribution Form](#)")

403(b) Retirement Savings Plan

- ☐ I am interested in contributing to the 403(b) plan. Log into www.empower-retirement.com for more information and to enroll.

I understand that if I am eligible, and choose ARCG insurance, I will contribute, via payroll deduction, \$35/per pay period towards the cost of my insurance premiums plus 25% of the dependent cost. If I choose a buy-up plan, I will pay, via payroll deduction, the difference in cost between the Bronze 7000 base plan and the cost of the buy-up plan per pay period. The cost of the monthly dental and vision premiums will be paid 100% by the employee and made via payroll deductions. I understand the HSA Employer Match of up to \$100/month is offered this year and may not be offered next year, or may be offered as a reduced benefit.

Print Name

Date