



Rockbridge County Health Benefits Enrollment Form 2021-2022



PART A- Employee Information

First Name _____ Initial _____ Last Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ - _____ - _____ Alternate Phone _____ - _____ - _____
 Personal Email _____

PART B- Type of Enrollment/Change Requested

Open Enrollment
 New Full-Time Employee Date of Hire(MM/DD/YY) ____/____/____
 Early Retiree-Not Eligible for Medicare Prior Coverage Ended (MM/DD/YY) ____/____/____
 COBRA Continuation Qualifying Event Date(MM/DD/YY) ____/____/____
 Qualifying Mid-Year Event Qualifying Event Date(MM/DD/YY) ____/____/____

** See Benefits Administrator for List of Qualifying Mid-Year Events and Required Documents*

PART C- Health Insurance Election - **Dental and Vision Coverage are Included with Enrollment in any Medical Plan

Open Access Plus (\$1,000 Deductible)
 HSA Open Access Plus (\$2,800 Deductible)

Insured	First Name	Middle Initial	Last Name, Suffix(Jr,Sr,II,III)	Gender (F/M)	Date of Birth (MM/DD/YY)	Social Security Number
Employee					____/____/____	- - -
Spouse					____/____/____	- - -
Child					____/____/____	- - -
Child					____/____/____	- - -
Child					____/____/____	- - -
Child					____/____/____	- - -
Child					____/____/____	- - -
Child					____/____/____	- - -

PART D- Waive Coverage- I want to waive enrollment with Rockbridge County at this time.

I am enrolled in health insurance coverage with: _____
 I am not covered by any other health care coverage.

PART E- Employee Certification and Authorization

I certify that the information provided above is complete and accurate to the best of my knowledge. I authorize the required payroll deduction for the benefits selected. I understand that my selection may not be changed without a qualifying mid-year event or until the next Open Enrollment.

EMPLOYEE SIGNATURE/DATE _____/____/____

EMPLOYER USE ONLY	____/____/____	____/____/____	_____
	Form Received	Effective Date of Coverage	Administrator Initials
	____ A0001-COUNTY	____ A0002 -PSA	____ A0003-DSS
			____ A0004-LIBRARY