

# OPEN ENROLLMENT DECLARATION

I elect to make **NO CHANGES** to my Medical, Dental and Vision coverage, and I acknowledge that I will be unable to make changes during the plan year unless I experience a qualifying event.

I elect to make CHANGES to my Medical, Dental and Vision coverage as indicated below, and I acknowledge that I will be unable to make changes during the plan year unless I experience a qualifying event. (Check boxes below to indicate desired change.)

a.  **Change current coverage from Family to Single for:**

.  Medical

Dental

Vision

b.  **Change current coverage from Single to Family for:**

.  Medical

Dental

Vision

c.  **Change Health Plan**

To Base Plan

To Buy-Up Plan

To High Deductible Plan

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Signature

Date