COCONINO COUNTY ARIZONA

FY22 Retiree Open Enrollment Change Form

If you do not wish to make any benefit changes on any coverage line, you do not need to return this form.

If you do wish to make any benefit changes as a retiree during open enrollment, complete this form and return it to HR by email to HRbenefits@coconino.az.gov or mail to: Coconino County Human Resources Attn: Retiree OE, 219 E Cherry Avenue, Flagstaff, AZ 86001.

If you want to change one or more of the coverage lines, then please complete the appropriate section(s) below. Please call 928-679-7100 if you have any questions.

In June 2021, you will receive a confirmation statement in the mail summarizing your benefit elections as a retiree for Fiscal Year 2022. Please check the accuracy of the confirmation statement upon receipt and report any discrepancies to HR immediately.

I am electing the following coverage effective: **07/01/2021 – 06/30/2022**

Print Retiree Name: _____

Retiree Signature: _____ **Date:** _____

Medical

Medical Base Plan

- ☐ Enroll in Blue Cross Blue Shield Base *Retiree Only* Coverage
- ☐ Enroll in Blue Cross Blue Shield Base *Family* Coverage
- ☐ Cancel Blue Cross Blue Shield Base *Retiree Only* Coverage
- ☐ Cancel Blue Cross Blue Shield Base *Family* Coverage

Medical Buy-Up Plan

- ☐ Enroll in Blue Cross Buy Up *Retiree Only* Coverage
- ☐ Enroll in Blue Cross Buy Up *Family* Coverage
- ☐ Cancel Blue Cross Buy Up *Retiree Only* Coverage
- ☐ Cancel Blue Cross Buy Up *Family* Coverage

Medical High Deductible Health Plan HDHP

- ☐ Enroll in Blue Cross HDHP *Retiree Only* Coverage
- ☐ Enroll in Blue Cross HDHP *Family* Coverage
- ☐ Cancel Blue Cross HDHP *Retiree Only* Coverage
- ☐ Cancel Blue Cross HDHP *Family* Coverage

Dental	**Dental Base & Buy-Up** ☐ Enroll in Delta Dental *Retiree Only* Base Coverage ☐ Enroll in Delta Dental *Family* Base Coverage ☐ Cancel Delta Dental *Retiree Only* Base Coverage ☐ Cancel Delta Dental *Family* Base Coverage ☐ Enroll in Delta Dental *Retiree Only* Buy-Up Coverage ☐ Enroll in Delta Dental *Family* Buy-Up Coverage ☐ Cancel Delta Dental Dental *Retiree Only* Buy-Up Coverage ☐ Cancel Delta Dental *Family* Buy-Up Coverage
Vision	**Vision Buy-Up** ☐ VSP Buy-Up ***Retiree Only*** Coverage ☐ VSP Buy-Up ***Family*** Coverage ☐ Cancel VSP Buy-Up ***Retiree Only*** Coverage ☐ Cancel VSP Buy-Up ***Family*** Coverage
Dependent(s)	**Please Print:** **Enroll for: Medical/Dental/Vision/All** **Full Name, Relation, Date of Birth, Social Security Number** _____ _____ _____ _____ _____
Life Insurance	**Life Insurance** ☐ Cancel *Basic* Life Insurance, Retiree ☐ Cancel *Old Basic* Life Insurance, Retiree ☐ Cancel *Old Supplemental* Life Insurance, Retiree

Completed forms should be returned to HR by email to HRbenefits@coconino.az.gov
or mail to: **Coconino County Human Resources Attn: Retiree Open Enrollment, 219 E Cherry Avenue, Flagstaff, AZ 86001**.