

FY23 Retiree Open Enrollment Change Form

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

If you do wish to make a benefit change 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. Deadline is Monday, May 16, 2022.

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 2022, you will receive a confirmation statement in the mail summarizing your benefit elections as a retiree for Fiscal Year 2023. Please check the accuracy of the confirmation statement upon receipt and report any discrepancies to HR immediately.

I am electing the following coverage effective: **07/01/2022 – 06/30/2023**

Print Retiree Name: _____

Retiree Signature: _____ Date: _____

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

Medical

Dental	Dental Base & Buy-Up
	<input type="checkbox"/> Enroll in Delta Dental <i>Retiree Only</i> Base Coverage
	<input type="checkbox"/> Enroll in Delta Dental <i>Family</i> Base Coverage
	<input type="checkbox"/> Cancel Delta Dental <i>Retiree Only</i> Base Coverage
	<input type="checkbox"/> Cancel Delta Dental <i>Family</i> Base Coverage
	<input type="checkbox"/> Enroll in Delta Dental <i>Retiree Only</i> Buy-Up Coverage
	<input type="checkbox"/> Enroll in Delta Dental <i>Family</i> Buy-Up Coverage
	<input type="checkbox"/> Cancel Delta Dental <i>Retiree Only</i> Buy-Up Coverage
<input type="checkbox"/> Cancel Delta Dental <i>Family</i> Buy-Up Coverage	
Vision	Vision Buy-Up
	<input type="checkbox"/> VSP Buy-Up <i>Retiree Only</i> Coverage
	<input type="checkbox"/> VSP Buy-Up <i>Family</i> Coverage
	<input type="checkbox"/> Cancel VSP Buy-Up <i>Retiree Only</i> Coverage
<input type="checkbox"/> Cancel VSP Buy-Up <i>Family</i> Coverage	
Dependent(s)	Please Print:
	Enroll for: Medical/Dental/Vision/All
	Full Name, Relation, Date of Birth, Social Security Number

Life Insurance	Life Insurance
	<input type="checkbox"/> Cancel <i>Basic</i> Life Insurance, Retiree
	<input type="checkbox"/> Cancel <i>Old Basic</i> Life Insurance, Retiree
	<input type="checkbox"/> Cancel <i>Old Supplemental</i> 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.**