Northwest Allen County Schools

Plan Selection Form

(for the period October 1, 2023– September 30, 2024)

- **Check the appropriate box below to indicate your choice of health coverage.**
- **Remember to sign and date this form in the appropriate spaces and return to the central office prior to August 25, 2023.**

Medical Coverage Selection – Effective October 1, 2023

Waiver of Coverage:

☐ I certify that I have been given an opportunity to apply for the Plan Sponsor's group health coverage and after careful consideration, have decided not to take advantage of this offer. OR

☐ I choose to opt out of the Dental/Vision coverage with no change in premium.

I choose to enroll in: Plan A+ ☐ Plan A ☐ HDHP/HSA ☐ *(Complete only if changing plan selection)

Health Coverage Selection:	Plan Selection:	Network Selection:	Dental & Vision Coverage Selection:
☐ Employee Only ☐ Employee & Spouse ☐ Employee & Children ☐ Family ☐ Waiving Coverage	☐ Plan A+ ($200 Deductible) ☐ Plan A ($500 Deductible) ☐ HDHP – H.S.A. ($3,000 Ded.) ☐ Check if switching from Plan A+ or A to HDHP/HSA.	☐ Signature Care	Dental – Delta Dental Vision- EyeMed ☐ Employee Only ☐ Employee & Spouse ☐ Employee & Children ☐ Family ☐ Waiving Coverage

	Last Name, First Name, M.I. (List only those dependents to be covered)	Birthdate (MM/DD/YY)	Natural Child	Adopted Child	Step-Child	Legal Guardian	Any Other Insurance Coverage?	To Be Covered by The Plan (Y/N)
SPOUSE								
CHILD								
CHILD								
CHILD								
CHILD								
CHILD								

Employee Only = 1 card
Family Coverage = 2 cards

Additional Cards? _____

Name _____ Social Security Number _____

Print Name

Address: _____ ☐ New Address?

Signature _____ Date: _____

If you have waived coverage and experience a HIPAA Qualifying Event, you may join the plan within 30 days of the qualifying event. HIPAA events include termination of employment, marriage, birth, adoption, death, expiration of COBRA coverage, loss of employer contributions towards coverage, legal separation, or divorce. Proof of the HIPAA Qualifying Event must be provided with your completed health.insurance application.

An opportunity to transfer between plans will occur each year with an October 1st effective date.