2026 OPEN ENROLLMENT WORKSHEET

Stateside Employees Only

The Open Enrollment period for Medical, Dental, Vision, Flexcash, HCRA/DCRA, and Legal Plan is **September 15, 2025 through October 10, 2025.** All changes will have an effective date of **January 1, 2026**.

During Open Enrollment, you may:

- Enroll (if benefit eligible and not currently enrolled)
- Change plans
- Add or delete eligible family members (including a dependent child up to age 26)
- Cancel coverage

***** If you are NOT making any changes to your benefits, NO action is required, with the exception of enrollment in the HCRA / DCRA plans for 2026. *****

If you are making any changes, you must complete, sign and return this form **and** any supplemental forms and documentation to Human Resources, **no later than *October 10, 2025*. For health plan changes only, no additional forms are needed. *For other benefit changes (noted on page 2), please submit the appropriate enrollment form(s), which are found on the Open Enrollment website, along with this worksheet.***

Section 1: Employee Information

Employee's Name (First - MI - Last)	***Sex*** ☐ *Male* ☐ *Female*	***Marital Status*** ☐ *Single* ☐ *Married* ☐ *Domestic Partner (DP)*
Home Address (Number & Street, City, State & Zip Code)	***Social Security #:*** ____ - ___ - ____	

Section 2: Dependent Information

Please fill out ONLY if adding a spouse, domestic partner, and/or a dependent child (up to age 26) to your insurance.

Is your spouse/ DP a state or county employee? ☐ Yes ☐ No If yes, please specify employer:_____

Please make sure you have included the following copies of these documents (if applicable):

☐ **Spouse:** Marriage Certificate

☐ **Dependent Child:** Birth Certificate

Domestic Partners (DP)*

(These forms can be found on the Benefit Forms webpage)

☐ Declaration of Domestic Partnership

☐ Certificate of Financial Liability

☐ DP Dependent Certification Form

**NOTE to DP's:* *If adding a DP to health and/or dental insurance, there are certain tax liabilities involved. Please consult your tax advisor for further information.*

Section 3: Health Plans**

Please make the following changes to my health coverage (check all that apply):

☐ ENROLL / CHANGE health plan to: _____
(list all dependents to be covered in Section IV)

☐ CANCEL my health plan in: _____

☐ ADD dependent(s) (Spouse, DP and/or a dependent child up to age 26) (List dependents in Section IV)

☐ DELETE dependent(s) (List dependents in Section IV)

(next page)

Section 4: Health/Dental - Additions/ Deletions Information

Please list **ALL** individuals to be added to or deleted from Health and/or Dental coverage.

Health Add	Health Delete	Dental Add	Dental Delete	First Name	M.I.	Last Name	Social Security Number	Date of Birth Mo-Day-Yr	Relationship to Employee
☐	☐	☐	☐						
☐	☐	☐	☐						
☐	☐	☐	☐						
☐	☐	☐	☐						

Section 5: Dental Plans

In addition to filling out the information in Section IV above, please fill out the ***Dental Enrollment Authorization Form*** found at: *https://csumb.edu/hr/open-enrollment*

Enroll / Change Dental Plan to:
- ☐ Delta Dental Level II Enhanced PPO
- ☐ DeltaCare USA Enhanced (HMO)
- ☐ Cancel coverage

Section 6: Vision Plan – VSP Premier Plan (Employee-Paid)

For **VSP Premier Vision Plan** enrollment, changes or cancellation - You **must** contact VSP directly by either using their website (**http://csuactives.vspforme.com**) or by calling them at **1-800-400-4569**. See ***2026 Vision Plan Summary*** for premium information. No VSP Premier Enrollment forms will be processed by the campus or VSP.

Section 7: FlexCash

I elect to enroll in the FlexCash Program and receive a cash reimbursement in lieu of enrollment in medical and/or dental plans, or elect to cancel my FlexCash enrollment. Complete a ***FlexCash Enrollment Authorization form*** available at: *https://csumb.edu/hr/open-enrollment*

Program		Monthly Cash Reimbursement
Health & Dental	☐	$140
Health Only	☐	$128
Dental Only	☐	$ 12
Cancel	☐	$ 0

Section 8: Dependent Care Reimbursement Account (DCRA) Health Care Reimbursement Account (HCRA)

The CSU *Dependent Care Reimbursement Account* (DCRA) and *Health Care Reimbursement Account* (HCRA) offers you the ability to pay for eligible out-of-pocket health care expenses and dependent care expenses with pre-tax dollars. The 2026 annual contribution limit for the HCRA plan is $3,300 and for the DCRA plan is $7,500. To continue participation in either of these two plans, you must **re-enroll annually** during Open Enrollment by completing the ***2026 DCRA/HCRA enrollment form*** found at: *https://csumb.edu/hr/open-enrollment*

Note: For more information about these benefit programs, visit the Benefits website at: *https://csumb.edu/hr/open-enrollment*. For questions, please contact Human Resources Benefits office at ext. 4426, Human Resources's main desk at ext. 3389, or email benefits@csumb.edu. ALL enrollment forms require signatures via Adobe Sign or manual signature.

PLAN EARLY! All Health, Dental, Flexcash and HCRA/DCRA forms must be received by Human Resources no later than October 10, 2025. Incomplete forms or forms received after this date will not be accepted.

Employee Signature: _____ **Date:** _____