



The Open Enrollment period for Medical, Dental, Vision, Flexcash, HCRA/DCRA, and MetLaw is **September 19, 2022 through October 14, 2022**. All changes will have an effective date of **January 1, 2023**.

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 2023. ****

If you are making any changes, you must complete, sign and return this form **and** any supplemental forms and documentation to University Personnel, **no later than October 14, 2022**. **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 <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married
Home Address (Number & Street, City, State & Zip Code)	Social Security #: ____ - ____ - ____	<input type="checkbox"/> Domestic Partner (DP)

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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify employer: _____	
Please make sure you have included the following copies of these documents (if applicable):	
<input type="checkbox"/> Spouse: Marriage Certificate	<input type="checkbox"/> Domestic Partners (DP)* (These forms can be found on the UP Forms webpage)
<input type="checkbox"/> Dependent Child: Birth Certificate	<input type="checkbox"/> Declaration of Domestic Partnership
	<input type="checkbox"/> Certificate of Financial Liability
	<input type="checkbox"/> 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):	
<input type="checkbox"/>	ENROLL / CHANGE health plan to: _____ (list all dependents to be covered in Section IV)
<input type="checkbox"/>	CANCEL my health plan in: _____
<input type="checkbox"/>	ADD dependent(s) (Spouse, DP and/or a dependent child up to age 26) (List dependents in Section IV)
<input type="checkbox"/>	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 Delete		Dental Add Delete		First Name	M.I.	Last Name	Social Security Number	Date of Birth Mo-Day-Yr	Relationship to Employee
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

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/up/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 **2023 Vision Plan Summary** for premium information.

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/up/open-enrollment>

<u>Program</u>	<u>Monthly Cash Reimbursement</u>	
Health & Dental	<input type="checkbox"/>	\$140
Health Only	<input type="checkbox"/>	\$128
Dental Only	<input type="checkbox"/>	\$ 12
Cancel	<input type="checkbox"/>	\$ 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 2023 annual contribution limit for the HCRA plan is \$2,850 and for the DCRA plan is \$5,000. To continue participation in either of these two plans, you must **re-enroll annually** during Open Enrollment by completing the **2023 DCRA/HCRA enrollment form** found at: <https://csumb.edu/up/open-enrollment>

Note: For more information about these benefit programs, visit the Benefits website at: <https://csumb.edu/up/open-enrollment>. For questions, please contact University Personnel Benefits office at ext. 4426, University Personnel’s main desk at ext. 3389, or upbenefits@csumb.edu. ALL enrollment forms require signatures via AdobeSign or manual signature.

PLAN EARLY! All Health, Dental, Flexcash and HCRA/DCRA forms must be received by University Personnel no later than October 14, 2022. Incomplete forms or forms received after this date will not be accepted.

Employee Signature: _____ Date: _____