California State University
MONTEREY BAY
Human Resources

2024 OPEN ENROLLMENT WORKSHEET

Stateside Employees Only

The Open Enrollment period for Medical, Dental, Vision, Flexcash, HCRA/DCRA, and Legal Plan is **September 18, 2023 through October 13, 2023.** All changes will have an effective date of **January 1, 2024**.

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 2024. *****

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 13, 2023*. 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 ***2024 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 2024 annual contribution limit for the HCRA plan is $3,050 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 ***2024 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 AdobeSign or manual signature.

PLAN EARLY! All Health, Dental, Flexcash and HCRA/DCRA forms must be received by Human Resources no later than October 13, 2023. Incomplete forms or forms received after this date will not be accepted.

Employee Signature: _____ **Date:** _____