



## **INSTRUCTIONS FOR OPEN ENROLLMENT PLAN CHANGES**

In order to complete any changes during open enrollment, the following materials **must** be provided **no later than Friday, September 28, 2018.**

All forms can be accessed on the Human Resources - Benefits Webpage <http://mitsac.edu/hr/benefits>

- Complete the Health, Dental & Vision Insurance Plan Election Form for **any change** in health or dental plan. **(REQUIRED)**

### **If you are making any changes to your health plan:**

- Complete the CalPERS Health Benefit Plan Enrollment Form. **(REQUIRED)**
- Provide copies of the following **required** document(s):
  - a. Birth Certificate - if adding dependent(s)
  - b. Marriage Certificate - if adding spouse
  - c. Certificate of Registration of Domestic Partnership – if adding domestic partner
  - d. Social Security Card(s) for all dependent(s)/spouse/registered domestic partner

### **If you are making changes to your dental plan:**

- Complete the Delta Dental Enrollment/Change Form. **(REQUIRED)**
- Provide copies of the following **required** document(s):
  - a. Birth Certificate - if adding dependent(s)
  - b. Marriage Certificate - if adding spouse
  - c. Certificate of Registration of Domestic Partnership – if adding domestic partner
  - d. Social Security Card(s) for all dependent(s)/spouse/registered domestic partner

### **If you are adding or re-adding previously removed dependents/spouse/registered domestic partner to your vision-VSP plan:**

- Provide copies of the following **required** document(s):
  - a. Birth Certificate - if adding dependent(s)
  - b. Marriage Certificate - if adding spouse
  - c. Certificate of Registration of Domestic Partnership – if adding domestic partner
  - d. Social Security Card(s) for all dependent(s)/spouse/registered domestic partner

### **If you are making changes to your Supplemental Life Insurance:**

- Complete the MetLife Enrollment Form **(REQUIRED)**
  - a. Return form to the Benefits Specialist in Human Resources
- Complete Statement of Health Form
  - a. Statement of Health Form is completed and returned to:  
Metropolitan Life Insurance Company  
Statement of Health Unit  
P.O. Box 14069  
Lexington, KY 40512-4069
  - b. Retain copy of Statement of Health Form for your records.