



INSTRUCTIONS FOR 2021 FULL-TIME FACULTY OPEN ENROLLMENT PLAN CHANGES

In order to make changes during open enrollment, the following documentation **must** be submitted **no later than October 9, 2020**

All forms may be accessed on the Human Resources - Benefits Webpage
<https://www.mtsac.edu/hr/benefits/ft-faculty.html>

- Complete the Insurance Plan Election Form for **any change** in medical or dental plans **(REQUIRED)**

If you are making any changes to your medical plan:

- Complete the CalPERS Health Benefit Plan Enrollment for Active Employees 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. A copy of the front page of the most recent federal or state tax return confirming the dependent as your spouse
 - e. Social Security number(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 number(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 number(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