



FUHSD 2023 Open Enrollment Election Form

Employee Name:

Employee ID (not SSN):

Date:

Check one:

☐ Active Full-Time Employee

☐ Active Part-Time Employee

☐ Retiree

☐ COBRA

Select the **Current Medical Plan** and tier you are enrolled in:

**Kaiser
Traditional HMO**

- ☐ Employee Only
☐ Employee & Spouse
☐ Employee & Child(ren)
☐ Employee & Family

**Kaiser
Deductible HMO**

- ☐ Employee Only
☐ Employee & Spouse
☐ Employee & Child(ren)
☐ Employee & Family

**Kaiser HDHP
(HSA Compatible)**

- ☐ Employee Only
☐ Employee & Spouse
☐ Employee & Child(ren)
☐ Employee & Family

**Anthem HMO
Full Network
(includes Scripps)**

- ☐ Employee Only
☐ Employee & Spouse
☐ Employee & Child(ren)
☐ Employee & Family

**Anthem HMO
Select Network**

- ☐ Employee Only
☐ Employee & Spouse
☐ Employee & Child(ren)
☐ Employee & Family

Anthem PPO

- ☐ Employee Only
☐ Employee & Spouse
☐ Employee & Child(ren)
☐ Employee & Family

☐ Opt Out

Select the **NEW 2022 Medical Plan** and tier you want to enroll in and **complete the SISC Medical Change Form:**

**Kaiser
Traditional HMO**

- ☐ Employee Only
☐ Employee & Spouse
☐ Employee & Child(ren)
☐ Employee & Family

**Kaiser
Deductible HMO**

- ☐ Employee Only
☐ Employee & Spouse
☐ Employee & Child(ren)
☐ Employee & Family

**Kaiser HDHP
(HSA Compatible)**

- ☐ Employee Only
☐ Employee & Spouse
☐ Employee & Child(ren)
☐ Employee & Family

**Anthem HMO
Full Network
(includes Scripps)**

- ☐ Employee Only
☐ Employee & Spouse
☐ Employee & Child(ren)
☐ Employee & Family

**Anthem HMO
Select Network**

- ☐ Employee Only
☐ Employee & Spouse
☐ Employee & Child(ren)
☐ Employee & Family

Anthem PPO

- ☐ Employee Only
☐ Employee & Spouse
☐ Employee & Child(ren)
☐ Employee & Family

☐ Opt Out: Proof of other insurance required annually

Select the **Current Dental Tier** you are enrolled in:

☐ Employee Only

☐ Employee & Spouse

☐ Employee & Child(ren)

☐ Employee & Family

Select the **NEW Dental Tier** you want to enrolled in and
complete the Dental Enrollment – Change Form:

☐ Employee Only

☐ Employee & Spouse

☐ Employee & Child(ren)

☐ Employee & Family

Select the **Current Vision Tier** you are enrolled in:

☐ Employee Only

☐ Employee & Spouse

☐ Employee & Child(ren)

☐ Employee & Family

Select the **NEW Vision Tier** you want to enroll in and
complete the Vision Enrollment – Change Form:

☐ Employee Only

☐ Employee & Spouse

☐ Employee & Child(ren)

☐ Employee & Family

Employee Signature:

Date:

**Complete and return all forms to Angie Goode at
angelagoode@fuhd.net or bring to Business
Services no later than Friday, October 28th, 2022!**