

**Spencer County Fiscal Court - Benefits Plan Election Form - July 1, 2020 through June 30, 2021**

<b>FORM SHOULD BE RETURNED TO SUPERVISOR OR DIRECTLY TO DOUG WILLIAMS NO LATER THAN JUNE 5, 2020</b>	
<b>EVEN IF YOU WANT TO WAIVE COVERAGE YOU ARE REQUIRED TO TURN IN THIS PLAN ELECTION FORM</b>	
<b>CHECK SELECTED ENROLLMENT OPTION BELOW</b>	
<input type="checkbox"/>	<p><b>NO CHANGES</b></p> <ul style="list-style-type: none"> <li>• I would like to keep my Medical/HRA/Vision/Dental/Life/MASA/LifeLock/AFLAC elections the same as last year for the upcoming year based on rates and plans reflected in benefits guide. Payroll deductions will be updated accordingly.</li> <li>• If I am currently waiving any benefits; and I elect NO CHANGES, then I understand that I cannot apply for coverage until next year's Open Enrollment unless there is a qualifying event.</li> </ul>
<input type="checkbox"/>	<p><b>I WOULD LIKE TO MAKE CHANGES; PLEASE CONTACT ME AT THE BELOW NUMBER TO DISCUSS FURTHER</b></p> <ul style="list-style-type: none"> <li>• I would like to have someone contact me at the below number to discuss my insurance benefits and help answer questions before I finalize my elections for the upcoming open enrollment. I understand that I must complete any additional paperwork necessary to make these changes. Any additional paperwork must be completed by the date specified by my employer. Failure to respond by that date with the necessary paperwork will result in my benefits remaining the same as the prior year.</li> </ul>
	<b>Phone Number:</b> _____

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_