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

CHECK SELECTED ENRO	NO CHANGES  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.  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.
	I WOULD LIKE TO MAKE CHANGES; PLEASE CONTACT ME AT THE BELOW NUMBER TO DISCUSS FURTHER     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.
	Phone Number:
Name:	

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan, documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources.