



NORTH ORANGE COUNTY COMMUNITY COLLEGE DISTRICT
2018 OPEN ENROLLMENT CHANGE FORM

Last First M.

Banner/SSN#

I WISH TO CHANGE MY COVERAGE IN THE FOLLOWING MANNER:

1. ADD (circle one or more) Health - name of health plan
Dental - name of dental plan
Vision - name of vision plan

2. CHANGE (circle one or more) Health, Dental, Vision
FROM Current Health Current Dental Current Vision
TO: Desired Health Desired Dental Desired Vision

3. ADD DEPENDENTS to (CIRCLE ONE OR MORE) Health, Dental, Vision
A copy of a social security card is required for each dependent, copy of marriage certificate is required when adding spouse, a copy of birth certificate is required when adding eligible child(ren).

Table with 4 columns: Name of Dependent, SS#, Date of Birth, Relationship. Two rows for data entry.

4. DELETE DEPENDENTS from (CIRCLE ONE OR MORE) Health, Dental, Vision

Table with 4 columns: Name of Dependent, SS#, Date of Birth, Relationship. Two rows for data entry.

5. CANCEL (CIRCLE ONE OR MORE) Health, Dental, Vision

Signed: Date:

Daytime Phone #: Location:

RETURN COMPLETED FORM TO THE DISTRICT BENEFITS OFFICE NO LATER THAN 5:00P.M., FRIDAY, OCTOBER 6, 2017. (PLAN CHANGES WILL BE EFFECTIVE JANUARY 1, 2018)