

# 2025 Open Enrollment Checklist

Please submit all paperwork to Human Resources by **November 8, 2024**

- **Health Insurance**

\_\_\_\_\_ Review Health Plan Information and Premium Information

\_\_\_\_\_ Complete Insurance Plan Election Form **(Mandatory)**

\_\_\_\_\_ Complete the following if you are enrolling in the HDHP/HSA Plan **for the first time**:

\_\_\_\_\_ Complete HSA Eligibility Checklist

\_\_\_\_\_ Complete Health Savings Account enrollment with Central Bank (If eligible and electing the HDHP)

\_\_\_\_\_ Complete HSA Direct Deposit Form (If enrolling in an HSA)

\_\_\_\_\_ Complete Anthem's Change Form (If adding or making changes to who you want covered on your plan)

- **Dental Insurance**

\_\_\_\_\_ Review Dental Plan Information and Premium Information

\_\_\_\_\_ Complete Guardian's Dental Form to elect coverage for the first time or to add/remove dependents

- **Vision Insurance**

\_\_\_\_\_ Review Vision Plan Information and Premium Information

\_\_\_\_\_ Complete Guardian's Vision and Life Insurance Form to elect coverage for the first time or to add/remove dependents

- **ASI (Flexible Spending Account or Dependent Care Account)**

(Remember: if you are planning on enrolling in an HSA for 2025, you CANNOT enroll in an FSA for medical expenses for 2025. Employees with an HSA can enroll in the Dependent Care Account only.)

\_\_\_\_\_ View ASI information for Flexible Spending Accounts and Dependent Care Accounts

\_\_\_\_\_ Complete Online Enrollment instructions to elect FSA or Dependent Care amounts for 2025 (**note that a new enrollment form must be completed every year**). You may also complete a paper enrollment form.

\_\_\_\_\_ Print election confirmation page and keep for your records

- **Voluntary Life Insurance**

\_\_\_\_\_ Confirm current Voluntary Life Insurance coverage amount and who is covered

\_\_\_\_\_ Read Guardian's information regarding new enrollments or increasing/decreasing your coverage amounts

\_\_\_\_\_ Complete application to increase/decrease your coverage amounts

\_\_\_\_\_ Complete Online Evidence of Insurability form **if required** at [guardiananytime.com/eoi](https://guardiananytime.com/eoi) (group # is 00554134)

Contact Human Resources at [senyard@boonecountymtmo.org](mailto:senyard@boonecountymtmo.org) or 573-886-4128 with any questions.