



Boone County Employees 2021 Insurance Plan Election Form

All employees must complete and submit this form to
Boone County Human Resources by Friday, November 13, 2020.

Name _____

Date of Birth _____

_____ I do not wish to make any changes to my health, dental, vision, or life insurance benefits for the
Initial Here 2021 plan year. **(Skip to #7)**

_____ I wish to elect the benefits outlined below for the 2021 plan year. **(Continue to #1)**
Initial Here

1. Select Medical Plan (For more information about both plans, please see the plan summaries handouts or view them online at www.showmeboone.com/hr/openenrollment.asp)

_____ PPO Plan

_____ High Deductible Health Plan *Note: To receive the employer HSA contributions, employees must enroll in a health savings account with Central Bank of Boone County. Please see the HSA eligibility checklist to see if you are eligible to open a health savings account.*

_____ I am declining coverage under the Boone County Health Plan. **Reason:** _____

2. Medical Coverage

_____ I do not wish to make any changes to my coverage level for 2021.

To change to a different coverage level, check the appropriate box below.

_____ Employee Only

_____ Employee and Spouse

_____ Employee and Child(ren)

_____ Employee and Family

Note: You will need to submit an Anthem enrollment form to add dependents.

List the name and relationship (spouse, son, daughter) of any person you wish to remove from coverage in 2021: _____

3. Do you or your covered dependents have any other health insurance coverage in addition to coverage with Boone County (including Medicare, Medicaid, TRICARE, or coverage under a spouse's plan)?

_____ Yes

_____ No

4. Dental Coverage

_____ I do not wish to make any changes to my coverage level for 2021.

To change to a different coverage level, check the appropriate box below.

_____ Employee Only

_____ Employee and Spouse

_____ Employee and Child(ren)

_____ Employee and Family

Note: You will need to submit a Guardian enrollment form to add dependents.

List the name and relationship (spouse, son, daughter) of any person you wish to remove from coverage in 2021: _____

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