



## Boone County Employees 2022 Insurance Plan Election Form

All employees must complete and submit this form to  
Boone County Human Resources by Friday, November 12, 2021.

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 2022 plan year. **(Skip to #7)**

\_\_\_\_\_ I wish to elect the benefits outlined below for the 2022 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](http://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 2022: \_\_\_\_\_

**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 2022.

**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 2022: \_\_\_\_\_

*(Continued on next page)*

**5. Vision Coverage**

\_\_\_\_\_ I do not wish to make any changes to my coverage level for 2022.

**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 2022: \_\_\_\_\_  
\_\_\_\_\_

**6. Voluntary Life Insurance Coverage (additional coverage employees pay for)**

\_\_\_\_\_ I do not wish to make any changes to my coverage level for 2022.

**To change to a different coverage level, complete the information below.**

			Yes	No
_____ Employee	Amount of Coverage (in dollars) _____	Add AD&D Coverage?	_____	_____
_____ Spouse	Amount of Coverage (in dollars) _____	Add AD&D Coverage?	_____	_____
_____ Children	Amount of Coverage (in dollars) _____	Add AD&D Coverage?	_____	_____

**Note: You will need to submit a Guardian enrollment form to add dependents or change coverage amounts.**

List the name and relationship (spouse, son, daughter) of any person you wish to remove from coverage in 2022: \_\_\_\_\_  
\_\_\_\_\_

**7. IMPORTANT NOTICES:**

- Your plan year and deductible run from January 1, 2022 through December 31, 2022.
- All Open Enrollment changes will take effect on January 1, 2022.
- Please notify Human Resources **within 31 days** of any life changes (birth, death, marriage, divorce, job loss, etc.), so they may assist you with adding or removing dependents.
- If you're adding or changing dependent coverage for the 2022 plan year, you must complete and submit the appropriate Anthem or Guardian form. You can find the forms online at [www.showmeboone.com/hr/openenrollment.asp](http://www.showmeboone.com/hr/openenrollment.asp) or by contacting Human Resources at [jharris@boonecountymo.org](mailto:jharris@boonecountymo.org) or 573-886-4128.
- Dependent children can be covered under the Boone County health, dental, vision, and life insurance plans until the **end of the month** in which they turn 26.

**8. I affirm the elections selected above for 2022 and also agree that I have received and understand the benefits materials and compliance documents listed below.**

- Notice of Enrollment Periods
- CHIP Notice
- Health Insurance Marketplace Notice
- Prescription Drug and Medicare Notice
- Notice of Privacy Practices
- Information Regarding your Employee Sponsered Health Benefits
- Insurance enrollment periods, Life Insurance Portability and Conversion Rights, Women's health and Cancer Rights Act, Newborn Act.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date