

Capital Area Community Action Agency

2021 OPEN ENROLLMENT ELECTION FORM

EMPLOYEE NAME: _____

Please Print

Open Enrollment is now officially here for the benefit year that begins 12/1/2021. Attached is a copy of your Election of Benefits form for this benefit year that ends on 11/30/2021. This form shows all of the benefits you are currently enrolled in. **Please review your enrollment form closely to ensure these are the coverages you currently have.**

Information on the benefits offered is posted on our website. To view the information please go to: www.cacaainc.org. Click on the "About" tab, and then on "Staff Member Resources". Once you have reviewed your form please make a selection from the checklist below to determine how you wish to proceed with this years' Open Enrollment. The only thing that changed this new benefit year is the cost of Capital Health Plan coverage (CHP) which increased by 5%. All other benefit costs remain the same.

Also enclosed in this package is information on the Flexible Benefit Plan. Please read it carefully. This is an excellent program that will help you plan the costs of your healthcare throughout the year. If you are currently in the program and wish to continue, you **MUST** complete the application form and return to me. **If you don't return the form you will be dropped from the program automatically.**

Please initial your selection on the line of your choice below and return to me by close of business Tuesday, November 9th. If you request an appointment with the agent it will be scheduled virtually if you are in a Head Start center or remote office location. Appointments will be available in person for employees in the main office. An appointment sign-up sheet will be available at the front desk. All changes you make to your benefits package will become effective December 1, 2021.

Please initial by your choice:

_____ I agree with the benefits outlined on my form and want to continue with the same for the 2021/22 benefits year. ***I don't want to make any changes and don't need to meet with the agent.***

_____ I agree with the benefits outlined on my form and want to continue the same for the 2021/22 benefits year. I would like to meet with the agent ***only to enroll in the Flexible Spending Plan.***

_____ I would like to meet with the agent to make changes to my benefits selection.

_____ I don't want any of the benefits offered and therefore ***decline to participate*** in the enrollment for the 2021/22 benefits year.

Once you make your selection please sign and date this form below and return to me by close of business Friday, November 5th. A virtual appointment will be scheduled for you if you elect that option. We will send the schedule to the Center Directors as soon as we know who wants an appointment. Thank you for your cooperation. Please feel free to call or email me if any questions.

Signature

Date



United Way of the Big Bend

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