

KANELAND COMMUNITY UNIT SCHOOL DISTRICT #302

September 15 – October 15 = OPEN ENROLLMENT

This is your opportunity to:

Enroll in insurance.

The coverage is a package deal. Enrollment covers you on medical, dental, vision and life. You need to complete 2 forms: the BcBs Application and Policy Change form and the Lincoln Life Enrollment form.

Revise coverage.

Add an eligible spouse or dependent currently not on your plan. This will require you to complete 2 forms: the BcBs Application and Policy Change form and the Lincoln Life Enrollment form.

Change Tiers.

Currently, the District has two tiers for employees: single coverage or family coverage.

Effective November 1 the District offers a four-tier structure. The four tiers are as follows:

- Tier 1 Employee
- Tier 2 Employee plus their spouse
- Tier 3 Employee plus their children
- Tier 4 Family (Employee + spouse + children)

To change your current tier, the BcBs Application and Policy Change form and the Kaneland Election of Tier form needs to be completed

Items to Note:

NOTHING changes AUTOMATICALLY. Changes to your coverage will be initiated per your direction by your completion of a BcBs Application and Policy Change form and the Kaneland Election of Tier form **only**.

Changes made during Open Enrollment become effective November 1.

Any elimination of coverage (i.e., employee drops spouse from coverage) requires the completion of the Kaneland "Qualifying Event / Elimination of Coverage Form," including the spouse's signature.

Helpful tips for completing the BcBs Application and Policy Change Form if you are taking/changing the insurance during Open Enrollment:

#1 OPEN ENROLLMENT: put an **X** in the appropriate box: New Member and/or *Add Dependents*

#2 EFFECTIVE DATE: November 1st. Group Number = **P17078**

#4 COVERAGE APPLIED FOR: Put an **X** in *PPO & Vision* boxes.

#5 CHANGES TO EXISTING MEMBERSHIP: Date **Add Dependents** if adding and/or **Cancel Dependents** if dropping anyone from your coverage, or **Cancel** if you're completely dropping your coverage.

#6 EMPLOYEE INFORMATION: Company Name: **Kaneland CUSD #302**; Complete your information through the Telephone No. section. You do not have to complete the Employee Identification Number

#7 EMPLOYEE AND DEPENDENT INFORMATION: Complete by listing the dependents you are covering – or – dropping.

#8 OTHER INSURANCE INFORMATION: You only need to complete this if you are also being covered by another insurance plan.

#9 FORT DEARBORN LIFE: Do not complete this section. Instead complete the Lincoln National Life Insurance Form.

#10 DATE & SIGNATURE: Date and sign your name.