

OPEN ENROLLMENT Fall 2018

Please complete and return the REQUIRED SIGNATURE FORM to HR

Benefit Enrollment and Change forms must be completed no later than November 30<sup>th</sup>.

New enrollments and benefit changes will become effective 1/1/2019.

\_\_\_\_\_ I **do not** wish to make any changes to my current UA benefit coverages. I understand that my coverage for the 2019 calendar year will remain the same unless I have a qualifying event.

\_\_\_\_\_ I **do** wish to make changes to my current UA benefit coverage(s). I am returning the following enrollment forms.

_____ Health	_____ FSA
_____ Dental	_____ HSA
_____ Vision	

Please find the attached enrollment forms for the Health, Dental, Vision, FSA, and HSA. Also you will find the dependent verification form that must be completed when adding them to your coverage.

I acknowledge that I will contact Human Resources office if I should want to make changes or require information about any of the UA optional or retirement plans by November 30, 2018.

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

Date: \_\_\_\_\_

UACCB Human Resources

Phone: (870) 612-2165 or (870) 612-2045

Fax: (870) 612-2093

Email: [julie.johnson@uaccb.edu](mailto:julie.johnson@uaccb.edu)

[roxann.lamons@uaccb.edu](mailto:roxann.lamons@uaccb.edu)