

# 2021 Open Enrollment

Please complete and return the REQUIRED SIGNATURE FORM to Human Resources. Benefit Enrollment and Change forms must be completed no later than November 30<sup>th</sup>. New enrollments and benefit changes will become effective January 1, 2021.

\_\_\_\_\_ I **do not** wish to make any changes to my current UA benefit coverages (medical, dental, vision) and I do not wish to participate in a Flexible Spending Account (FSA) for the 2021 calendar year. I understand that my coverage for the 2021 calendar year will remain the same, excluding FSA contributions, 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 (make your selection below). If I am adding any dependents to my medical, dental or vision coverage, I have also included the Dependent Verification form along with fully legible photocopies of the required documents for proof of legal spouse and/or proof for dependent child under age 26, as noted on the dependent verification form. **DO NOT INCLUDE ORIGINAL DOCUMENTS.** Commemorative certificates and unrecorded documents are NOT acceptable.

_____ Health	_____ FSA
_____ Dental	_____ HSA
_____ Vision	

I acknowledge that I will contact the Office of Human Resources if I wish to make changes to any optional UA benefits by November 30, 2020.

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

## UACCB Human Resources

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