Kenyon College
2020 Open Enrollment Form

Enrollment selections on this most current form will supersede any previous enrollment selections.

Name: Last, First, M.I.

Start Date or Change Date (HR Only)

Date of Birth

Last 4 digits of SSN

Check the box below that applies

☐ I want to add the Vision plan
Complete KC Vision Insurance Plan Below

☐ I want to change my current enrollment for Health
Complete KC Health Insurance Plan below with information for 2020-21 year

☐ I want to change my current enrollment for Dental
Complete KC Dental Insurance Plan below with information for 2020-21 year

KC Health Insurance Plan

Waive

Basic Plan

Premium Plan

Health Coverage Options
if you have selected enrollment on the left

Employee Only

Employee + 1

Family (3 or more)

KC Dental Insurance Plan

Waive Coverage

Employee Only

Employee + 1

Family (3 or more)

KC Vision Insurance Plan

Waive Coverage

Employee Only

Employee + 1

Family (3 or more)

If you waive medical coverage, please add a brief decline reason above for ACA reporting.

Add the names of the dependent(s)/spouse/partner you wish to enroll below:

Name (First, MI, Last)	Social Security #	Gender	Birth Date	Relation

Check this box if you or any of your dependents have other health or dental coverage that should be counted as primary.

☐ Yes, I confirm that I have additional health or dental coverage and will provide insurance information to Human Resources

Signature

Date

Ifyoursoftwaredoesnotallowforsignatures,pleasetypeyourinitialshereinlieuofasignature.