

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

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name (First, MI, Last)	Social Security #	Gender	Birth Date	Relation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

If your software does not allow for signatures, please type your initials here in lieu of a signature.