



Douglas County

Medical, Dental, Vision Enrollment/Change Form

This form must be submitted to HR within 30 days of your eligibility date or the date of any qualifying event.
Please contact HR with any questions at 775-782-9860.

Employee Name (First, Last): _____

Physical Address: _____

Mailing Address (if different from physical): _____

Social Security Number: _____ Date of Birth: _____

Gender: _____ Email Address: _____ Phone: _____

Do you or any of your Dependents listed below have Medical/Health Insurance (Including Medicare/Medicaid)? Yes No *If yes, please provide copy of insurance card (front & back)*

Reason for change/qualifying event: _____

Documentation of evidence of the qualifying event is required to be submitted, though this form can be submitted first and documentation provided once available. This form must be received within 30 days of the qualifying event.

Employee:

Anthem Medical	Anthem Dental	VSP Vision
<input type="checkbox"/> Elect: \$3,700 High Deductible Plan <input type="checkbox"/> Elect: \$1,000 PPO Plan <input type="checkbox"/> Waive Medical (additional form required)	<input type="checkbox"/> Elect* <input type="checkbox"/> Decline (Retiree only) <i>*Employee enrollment is mandatory</i>	<input type="checkbox"/> Elect* <input type="checkbox"/> Decline (Retiree only)

Dependents:

Name	Social Security Number	Date of Birth	M/F	Medical	Dental	Vision
<u>Spouse:</u>				<input type="checkbox"/> Elect <input type="checkbox"/> Decline	<input type="checkbox"/> Elect <input type="checkbox"/> Decline	<input type="checkbox"/> Elect <input type="checkbox"/> Decline
<u>Child</u>				<input type="checkbox"/> Elect <input type="checkbox"/> Decline	<input type="checkbox"/> Elect <input type="checkbox"/> Decline	<input type="checkbox"/> Elect <input type="checkbox"/> Decline
<u>Child</u>				<input type="checkbox"/> Elect <input type="checkbox"/> Decline	<input type="checkbox"/> Elect <input type="checkbox"/> Decline	<input type="checkbox"/> Elect <input type="checkbox"/> Decline
<u>Child</u>				<input type="checkbox"/> Elect <input type="checkbox"/> Decline	<input type="checkbox"/> Elect <input type="checkbox"/> Decline	<input type="checkbox"/> Elect <input type="checkbox"/> Decline
<u>Child</u>				<input type="checkbox"/> Elect <input type="checkbox"/> Decline	<input type="checkbox"/> Elect <input type="checkbox"/> Decline	<input type="checkbox"/> Elect <input type="checkbox"/> Decline

Signature Date