

2023 Open Enrollment Choice Form

Please select from the options below, sign, and return to Human Resources by **December 6th, 2022**.

Name (print): _____ Position: _____

- Option 1:** I am currently enrolled in a City offered health plan, and ***do not*** wish to make any changes to my current benefit selections.
- Option 2:** I am not currently enrolled in a City offered health plan **and** will continue to decline coverage and am still covered by another plan.
- Option 3:** I am currently enrolled in a City offered health plan and ***do*** wish to make changes to my plan type and/or dependents enrolled; a copy of the applicable benefit enrollment/ change form is attached for each benefit I wish to change. *Enrollment and change forms are located on the "Employee Access" page (link at the bottom of the Home page on the City's website) or [click here](#).*

Signature _____ Date: _____

In order to make any changes to the above plans effective January 1, 2023, you must complete the necessary forms and return them to **Human Resources by December 6th, 2022**. Changes may not be made after the deadline.

Submit completed forms to HR via Inter Office Mail or email duponthr@dupontwa.gov.