Sioux City Community School District
Open Enrollment for 2024 – 2025 School Year
Dependent Add/Drop Form

ID#: **Location**:

Name: **Position**

Open Enrollment: Starting **May 1, 2024 - May 31, 2024,** you can add/remove family members from medical, dental or vision coverage effective **July 1, 2024.** Qualifying family status changes (per IRS rules) during the plan year may trigger special enrollment periods. **Must be received by HR on May 31, 2024.**

Dependent Name (First and Last)	Social Security #	Date of Birth	Sex	Health	Dental	Vision
Spouse				☐ Add ☐ Remove	☐ Add ☐ Remove	☐ Add ☐ Remove
Child				☐ Add ☐ Remove	☐ Add ☐ Remove	☐ Add ☐ Remove
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5. Declaration and Consent

I confirm that all of the information specified on this form is accurate and complete. I authorize the release of information for myself and my covered dependents to the appropriate carriers and administrators. For the protection of all of our members, fraud or misrepresentation of material fact for the purposes of defrauding the insurance company may result in the insurance company taking any action allowed by law or Contract, including termination or rescission of coverage, denial of benefits, and/or pursuit of criminal charges and penalties. I acknowledge and understand my health plan may request or disclose health information about me or my dependents (persons who are eligible for benefits coverage and are listed on the enrollment form) for the purpose of facilitating health-care treatment, payment or for the purpose of business operations necessary to administer health-care benefits; or as required by law.

Signature_______________________________ **Date**_______________________________

MUST BE RECEIVED BY HR BY 5/31/2024.

627 4TH St., Sioux City, IA 51101