

# Anthem Plan Selection Form

**Everyone continuing coverage, enrolling for coverage, or canceling coverage must complete this form. Please complete each applicable section. Be sure to sign this document.**

After selecting one of the HDHP's (H.S.A. qualified), please review the information for your contributions to the H.S.A.

Date: \_\_\_\_\_

Location: \_\_\_\_\_

☐

I am keeping everything the same. Skip to Signature

Current Plan Design: (Check 1 if applicable) **(Information is available on pay stub)**

☐

Plan Design 1 Option Plan 5 (\$3200 deductible)

☐

Plan Design 2 Option Plan 6 (\$5000 deductible)

☐

Not currently on WCSC health insurance plan

Current Plan Selection (Check 1 if applicable)

☐

Single

☐

Member/Children

☐

Member/Spouse

☐

Family

2025 Plan Design Selection: (Check 1 if applicable)

☐

Plan Design 1 Option Plan 5 (\$**3300** deductible)

☐

Plan Design 2 Option Plan 6 (\$5000 deductible)

☐

Dropping plan entirely

2025 Plan Selection (Check 1 if applicable)

☐

Single

☐

Member/Children

☐

Member/Spouse

☐

Family

Employee Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Are you a dual-enrollee? (Your spouse is also a FT Benefited Employee with WCSC. The **CARRIER** of the plan will sign above - list your spouse below)

If "Yes," please list spouse's name. If "No," leave blank.

Spouse Name: \_\_\_\_\_

**REMEMBER:** If you have a change in **Plan Selection** (not Design), you must complete additional paperwork!