

2026 Open Enrollment Checklist

Please submit all paperwork to Human Resources by **November 11, 2025**
This form serves as an **Open Enrollment guide**, and does not need to be returned to Human Resources

● Health Insurance

_____ Review Health Plan Information and Premium Information

_____ Complete Insurance Plan Election Form **(Mandatory)**

_____ Complete the following if you are enrolling in the HDHP/HSA Plan **for the first time**:

_____ Complete HSA Eligibility Checklist

_____ Complete Health Savings Account enrollment with Central Bank (If eligible and electing the HDHP)

_____ Complete HSA Direct Deposit Form (If enrolling in an HSA)

_____ Complete Anthem's Change Form (If adding or making changes to who you want covered on your plan)

● Dental Insurance

_____ Review Dental Plan Information and Premium Information

_____ Complete Guardian's Dental Form to elect coverage for the first time or to add/remove dependents

● Vision Insurance

_____ Review Vision Plan Information and Premium Information

_____ Complete Guardian's Vision and Life Insurance Form to elect coverage for the first time or to add/remove dependents

● ASI (Flexible Spending Account or Dependent Care Account)

(Remember: if you are planning on enrolling in an HSA for 2025, you CANNOT enroll in an FSA for medical expenses for 2025.
Employees with an HSA can enroll in the Dependent Care Account only.)

_____ View ASI information for Flexible Spending Accounts and Dependent Care Accounts

_____ Complete Online Enrollment instructions to elect FSA or Dependent Care amounts for 2025 (**note that a new enrollment form must be completed every year**). You may also complete a paper enrollment form.

_____ Print election confirmation page and keep for your records

● Voluntary Life Insurance

_____ Confirm current Voluntary Life Insurance coverage amount and who is covered

_____ Read Guardian's information regarding new enrollments or increasing/decreasing your coverage amounts

_____ Complete change form to add or remove coverage or dependents.

_____ Complete Online Evidence of Insurability form **if required** at guardiananytime.com/eoi (group # is 00554134)

Contact Human Resources at senyard@boonecountymo.org or 573-886-4128 with any questions.