KRESA Open Enrollment Dependent Coverage Changes in Medical/Dental/Vision for 2023

Employee Last Name - Please Print	Employee First Name - Please Print	Employee Middle Initial - Please Print

I am electing to add or remove (please indicate which) the listed dependents below to marked coverages effective January 1, 2023
I am sending in the required documentation for any dependent who is brand new to the plans.

Spouse Last Name	Spouse First Name	Spouse Middle Initial
Spouse Social Security Number	Spouse Date of Birth	Male ☐ Female ☐

Spouse elections add/delete **Medical** ☐ add/delete **Dental** ☐ add/delete **Vision** ☐

Child Last Name	Child First Name	Child Middle Initial
Child Social Security Number	Child Date of Birth	Male ☐ Female ☐

Child elections add/delete **Medical** ☐ add/delete **Dental** ☐ add/delete **Vision** ☐

Child Last Name	Child First Name	Child Middle Initial
Child Social Security Number	Child Date of Birth	Male ☐ Female ☐

Child elections add/delete **Medical** ☐ add/delete **Dental** ☐ add/delete **Vision** ☐

Child Last Name	Child First Name	Child Middle Initial
Child Social Security Number	Child Date of Birth	Male ☐ Female ☐

Child elections add/delete **Medical** ☐ add/delete **Dental** ☐ add/delete **Vision** ☐

The current benefits have been explained to me thoroughly. I hereby request coverage as outlined above under the plan offered by my employer. I authorize my employer to deduct any required contribution from my earnings.

Employee Signature______________________________ **Date**____________