

ARLINGTON PUBLIC SCHOOLS

DEPARTMENT OF HUMAN RESOURCES

BENEFITS DIVISION

PHONE: (703) 228-2726

FAX: (703) 228-6137

EMAIL [4 8 \(6 7 , 2 1 \) R.SUPPORT@APSV.A.US](mailto:HR.SUPPORT@APSV.A.US)

RETIREE OPEN ENROLLMENT CHANGE FORM

PLEASE SUBMIT THIS FORM ONLY IF MAKING CHANGES

E-Mail: HR.SUPPORT@APSV.A.US | Fax: ~~703-227~~

- x SENDING VIA USPS MAIL MAY CREATE ENROLLMENT DELAYS. Please email or fax ONLY if making changes .
- x DO NOT complete and return this form if you are not making changes.
- x RETIREE MEDICARE ADVANTAGE enrollment will continue, and an enrollment form is not required.
- x PRE-65 RETIREES and/or spouse & dependent will default to the CareFirst HMO plan if you do not select another plan option.
- x All open enrollment changes must be submitted to our office on this form no later than November 10, 202 3.
- x If changing plans, please indicate if your dependent is enrolled in Medicare

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4. ENROLL/MAKE CHANGES TO BENEFITS

7 R F K D Q J H P D U N 3 F D Q F H U R E N T S I Q V

4a. DENTAL PLAN

Action

Provider/Plan

