

Holston Conference
OPEN ENROLLMENT PLAN REQUEST
For Policy Year 2012 - Effective January 1, 2012

Employee Name _____ Lay _____ Clergy _____

BC/BS ID # HCU _____
(NUMBER ON YOUR CARD)

Employer (Charge) Name _____

I am making no changes in my medical plan coverage from 2011 _____

I request a change from my current plan election to:
(PLEASE CHECK PLAN YOU WISH TO BE CHANGED TO)

High Plan:

Employee Only _____
Employee + 1 _____
Family _____

Middle Plan:

Employee Only _____
Employee + 1 _____
Family _____

H.S.A Plan (REQUIRES ESTABLISHMENT OF ACCOUNT WITH HOLSTON MFCU OR HEALTH EQUITY)

Employee Only _____
Employee + 1 _____
Family _____

Signature _____ Date _____

For Conference Use Only:

Date received _____

Date updated in Shelby _____ By: _____

Date updated in BCBS _____ By: _____

**ALL HOLSTON CONFERENCE STAFF EMPLOYEES MUST
COMPLETE AND RETURN THIS COMPLETED FORM TO:**

HCUMC
ATTN KEN LUTON
P.O. BOX 850
ALCOA, TN 37701-0850