



City of Newburyport
FY25 Annual Benefits Open Enrollment
Employee Benefit Election & Authorization Form

NO CHANGE: Keep my current FY2024 elections the same for FY2025.
IMPORTANT: If you are electing the *Flexible Spending Account*, annual enrollment is required.

I AM MAKING A CHANGE to the following benefit elections for FY2024 and will provide the appropriate completed enrollment form (check all that applies):

- Health Insurance Life Insurance
- Dental &/OR Vision Insurance 457b Deferred Compensation Plan

I AM WAIVING THE CITY'S HEALTH INSURANCE benefit for FY2025*. As required under the Affordable Care Act, I am currently covered for health insurance under the following:

Current Insurance Carrier: _____
 Subscriber: _____
 Policy number: _____
 Group number: _____

FLEXIBLE SPENDING ACCOUNT HCR & DCR (FSA)

I am enrolling or re-enrolling in the Section 125 Flexible Spending Account (FSA) and understand I must complete the FSA enrollment form to participate in the FY2025 Plan Year. **Enrollment forms can be found on the following page of this document.**

By signing I authorize the City of Newburyport to take appropriate payroll deductions for my FY2025 benefit elections.

Employee Name (Print): _____

Signature: _____ Date: _____

**I understand that in waiving health insurance I cannot enroll until the next open enrollment period, unless I experience a qualifying life event, such as birth, marriage, divorce or loss of insurance and that I have 30 days from the qualifying life event to notify the Human Resources Department to enroll or make changes to my coverage.*