

## **2026 Open Enrollment Choice Form**

**Please select from the options below, sign, and return to Human Resources by December 10<sup>th</sup>, 2025.**

Name (print): \_\_\_\_\_ Position: \_\_\_\_\_

- Option 1:** I am currently enrolled in a City offered health plan, and do not wish to make any changes to my current benefit selections.
- Option 2:** I am not currently enrolled in a City offered health plan **and** will continue to decline coverage and am still covered by another plan. I have attached a copy of proof of my other health insurance coverage
- Option 3:** I am currently enrolled in a City offered health plan and do wish to make changes to my plan type and/or dependents enrolled; a copy of the applicable benefit enrollment/  
change form is attached for each benefit I wish to change. *Enrollment and change forms are located on the "Employee Access" page (link at the bottom of the Home page on the City's website) or [click here](#).*

Signature \_\_\_\_\_ Date: \_\_\_\_\_

In order to make any changes to the above plans effective January 1, 2026, you must complete the necessary forms and return them to **Human Resources by December 10<sup>th</sup>, 2025**. Changes may not be made after the deadline.

**Submit completed forms to HR via inter-office mail, in-person at City Hall, or  
email [duponthr@dupontwa.gov](mailto:duponthr@dupontwa.gov).**