

2026 Open Enrollment Choice Form

Please select from the options below, sign, and return to Human Resources by **December 10th, 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 10th, 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.**