

City of Berkley Open Enrollment Registration

**Due Date: June 20, 2025**

Benefit Year: July 1, 2025-June 30, 2026

All completed forms must be emailed to [hr@berkleymi.gov](mailto:hr@berkleymi.gov) no later than 5:00PM on Friday June 20, 2025.

**1. Personal Information:**

<b>Name:</b>	<b>Phone Number:</b>
<b>Social Security Number:</b>	<b>Date of Birth:</b>
<b>Address:</b>	

**2. Changes (Check all that apply):**

Register for a Flexible Spending Account (FSA)- *Must complete section 3.*

Add Medical Insurance Coverage

Add Dental Insurance Coverage

Add Optical Insurance Coverage

Remove Medical Insurance Coverage for myself (includes any dependents currently covered)

Remove Dental Insurance Coverage for myself (includes any dependents currently covered)

Remove Optical Insurance Coverage for myself (includes any dependents currently covered)

Add Dependent (Must Provide Documentation)- *Must complete section 4.*

Remove Dependent, but keep coverage for myself- *Must complete section 4.*

**3. Flexible Spending Account:**

1. Healthcare FSA

Annual Contribution Amount: \$ \_\_\_\_\_

(Maximum \$3,300 with a \$660 rollover limit)

2. Dependent Care FSA

Annual Contribution Amount: \$ \_\_\_\_\_

(Maximum \$2,500 for married filing separately or \$5,000 for single/filing joint, with no rollover)

4. Add/Remove Dependents (for additional dependents include another copy of this page):

Name	Relationship	Date of Birth	Social Security #	Add	Remove
				Medical	Medical
				Dental	Dental
				Optical	Optical
				Medical	Medical
				Dental	Dental
				Optical	Optical
				Medical	Medical
				Dental	Dental
				Optical	Optical
				Medical	Medical
				Dental	Dental
				Optical	Optical

You must provide the following documentation prior to the new plan year (July 1, 2025) in order to add dependents. If this documentation is not received by July 1, 2025 your dependents will not receive coverage for the 2025-2026 plan year:

- Birth Certificate
- Social Security Card
- Marriage License (for spouses)

By signing below, I acknowledge and confirm the following:

I have reviewed and understand the benefit elections and/or changes I made during the open enrollment period.

I understand that my benefit selections are binding for the entire plan year unless I experience a qualified life event.

I understand it is my responsibility to review all plan documents and ensure that my elections meet my personal and family needs.

I understand I must provide the required documentation for the addition of any dependents no later than July 1, 2025 or my dependents will not receive coverage for the plan year.

Print Name

Signature

Date

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