

Open Enrollment 2022
Current Coverage Continuation Form

Employee name: _____

- I wish to make **no changes** for the 2022 plan year. My health plan election, as well as any dependents previously enrolled, will remain the same.

- I have completed the 2022 Non-Tobacco Agreement in full, as required by Anthem.

Employee Signature: _____ Date: _____

If you are making **ANY changes of any kind, you **MUST** complete the single page Anthem Enrollment Change Form that is available on online.*