Los Angeles Unified School District
Benefits Administration

RETIREE BENEFITS CHANGE FORM

2026 Open Enrollment (October 27 – November 18, 2025)

There are no plan design or provider changes for the 2026 plan year. This form needs to be completed ONLY IF you are changing your medical, dental, or vision plans.

Employee Number	Last Name	First Name

Email Address	Phone Number

MEDICAL

Under 65 / Pre-Medicare Retiree:

- ☐ Anthem Blue Cross Select HMO
- ☐ Anthem Blue Cross EPO
- ☐ Health Net HMO
- ☐ Kaiser Permanente HMO
- ☐ No Medical Coverage

Over 65 / Medicare-Eligible Retiree:

- ☐ Anthem Medicare Preferred (PPO)
- ☐ Anthem Blue Cross EPO
- ☐ Health Net Seniority Plus
- ☐ Kaiser Senior Advantage
- ☐ No Medical Coverage

DENTAL

- ☐ Aetna Dental PPO
- ☐ Western Dental DHMO
- ☐ DeltaCare® USA DHMO
- ☐ No Dental Coverage

VISION*

- ☐ EyeMed Vision Care
- ☐ No Vision Coverage
- ☐ VSP® Vision Care

*You must be enrolled in your current vision plan for two years before you can elect a new one.

THIS FORM WILL NOT BE PROCESSED UNLESS SIGNED AND DATED

I want to enroll myself and my dependents listed above for participation in the plans elected. I understand this election will remain in effect as long as I remain eligible, or until I make another election during an annual enrollment period. I hereby authorize any insurance company, organization, employer, hospital, physician, surgeon, or pharmacist to release any information requested to pay any claim under the plan selected. I understand that I am responsible for notifying the District of any change in the eligibility of my dependents and am responsible for premiums and claims incurred on behalf of ineligible dependents. I also understand that I must abide by the provisions of the plan in which I enroll and that any controversy between any HMO plan member and such HMO (including its agents, staff physicians, employees, and providers) is subject to binding arbitration. I certify under penalty of perjury that the above information is true and accurate to the best of my knowledge and belief.

Signature		**Date**	

(Continued on the Back of This Page)

Important Medicare Information:

Anthem Medicare Preferred (PPO):

- Medicare Parts A & B are required to enroll. If you do not have Part A, you will be automatically enrolled into the Anthem Blue Cross EPO plan instead.

Anthem Blue Cross EPO:

- If you are over 65/Medicare-eligible, Medicare Part B is required to enroll.
- If you are enrolled in both Medicare Parts A & B, you will be automatically enrolled into the Anthem Medicare Preferred (PPO) plan instead.

Health Net Seniority Plus:

- Medicare Parts A & B are required to enroll.
- You and your Medicare-eligible dependent must submit a Medicare Advantage enrollment application to Health Net before December 31, 2025. Please contact them for a copy.

Kaiser Senior Advantage:

- Medicare Part B is required to enroll. (Medicare Part A is also required if you reside in Hawaii, Oregon, or Washington).

Please return this form via mail, fax, or email.

Fax: (213) 241-4247
Email: benefits@lausd.net

Mailing Address (must be postmarked no later than **November 18th**)
LAUSD - Benefits Administration
P.O. Box 513307
Los Angeles, CA 90051-1307

If you have questions about your plans/benefits or encounter difficulty completing this form, please call us at (213) 241-4262.

Website: http://lausd.org/benefits