

2026 Annual Open Enrollment

## ***Enrollment Packet Request Form***

To receive detailed materials on the Plan(s) of your choice, please Complete and Return this Form to the Administrative Office **no later** than November 17, 2025.

**Your Medical Plan Options:**

**Please send me enrollment materials for the following Medical Plan(s):**

☐ Fee-for-Service PPO Plan  
(Self-funded Indemnity)

☐ Health Plan of Nevada HMO  
*○ en Español*

☐ United HealthCare of Nevada EPO

☐ Hometown Health HMO  
(Northern Nevada only)  
*○ en Español*

**Your Dental Plan:**

☐ If you are currently enrolled on the Delta PPO Plan and **would like to receive a DeltaCare USA DMO packet** for review, please check here.

☐ If you are currently enrolled on the Delta Care USA Plan and **would like to receive a Delta PPO Plan packet** for review, please check here.

**IMPORTANT-** the Delta PPO plan has been reopened to eligible Plan A participants. If you are a Plan A participant enrolled in the DMO plan and fail to make an election during open enrollment, you will keep your current election and NOT be able to enroll in the PPO plan until next years open enrollment. Exceptions are only allowed for participants who do not reside within 30 miles of a contracted DMO dentist.

### **THIS IS NOT AN ENROLLMENT FORM**

Returning this form does **not** enroll you in a plan, or change your current plan. You must submit a completed **Enrollment Form** (included in each plan's enrollment packet) for the plan of your choice, to the Administrative Office for any plan change to take effect.

**The deadline for submitting a completed Enrollment Form to the Administrative Office is December 15, 2025.**

You will receive written confirmation of your plan change and effective date from the Administrative Office.

*Please print:*

\_\_\_\_\_  
UID# or Last 4 digits of SSN

\_\_\_\_\_  
Name, First

\_\_\_\_\_  
Last

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Street

\_\_\_\_\_  
Apt #

☐ **Check here  
if this is a new address**

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date