

Paul Eldridge
Personnel Officer



Kevin M. Byrne
Putnam County Executive

To: All Eligible Putnam County Employees

From: Patricia Rau, Principal Personnel Specialist

RE: 2026 HEALTH INSURANCE OPEN ENROLLMENT

THE 2026 OPEN ENROLLMENT PERIOD IS DECEMBER 1-DECEMBER 29, 2025.

If you are not making any changes to your health insurance for next year, you do not need to take any action at this time. If you are making changes or enrolling for 2026, please submit your enrollment form and original supporting documents to the Personnel Department **NO LATER THAN MONDAY, DECEMBER 29, 2025.**

IMPORTANT NOTES:

- INCOMPLETE PACKETS WILL NOT BE ACCEPTED. Please bring your enrollment form along with all required supporting documentation listed below.
- Employees must work a full-time schedule of 30 hours or more a week and must have started working in that capacity prior to November 20th to be eligible at this time.

ENROLLMENTS AND ADDING DEPENDENTS

Supporting documents **are required** for all new enrollments, or re-enrollments following a previous cancellation of coverage.

For all enrollments, please submit the following **ORIGINAL DOCUMENTS:**

- An enrollment/change form for the plan of your choice
- Original social security card and original birth certificate for **each enrollee**
- For Spouse - original marriage certificate **AND** for marriages that took place more than one year ago **current** proof of shared financial obligation, i.e., utility bill, current bank statement, current mortgage statement. Please feel free to redact personal financial information so long as it is still clear that there is a shared obligation
- For Adopted Children – original adoption papers and original social security card
- For Stepchildren – original birth certificate and original social security card
- Health Insurance Premium Pre-tax Election Form

CHANGE COVERAGE please complete an enrollment/change form for both your new plan selection and your current plan. One to cancel you and one to enroll you.

CANCEL COVERAGE, please complete an enrollment/change form and the following:

For PBA and PCSEA employees - A "County and Sheriff of Putnam "Request to Decline and Waive Health Insurance Coverage" and proof of other coverage

For all other employees- A Putnam County Health Insurance Waiver form

FOR QUESTIONS, PLEASE EMAIL BENEFITS@PUTNAMCOUNTYNY.GOV