





# CITY OF FAIRFIELD

## QLE – FTE Change

In addition to adding/removing dependents to/from your benefits (e.g., medical, dental, or vision), you may also elect to change your current plan or provider for that benefit.

For a summary of each plan's benefits and current premium rates, please refer to the **Benefits Guide**.

If you are enrolling for the first time or requesting to change plans, please complete the Benefit Plan Change section below for the relevant plans. If you want your dependents added to your current plans, you do not need to fill out the Benefit Plan Change.

### Benefit Plan Change:

#### Medical

Current Plan Name:

New Plan Name:

#### Dental

Current Plan Name:

New Plan Name:

#### Vision

Current Plan Name:

New Plan Name:

Please email [benefits@fairfield.ca.gov](mailto:benefits@fairfield.ca.gov) the completed form or with any questions/concerns you may have.