

From: [Soil & Water Conservation Program](#)
To: [DNR.Soil and Water Conservation Districts staff](#)
Cc: [DNR.MGS SWC Staff](#)
Subject: 2026 Health Insurance Form
Date: Monday, November 10, 2025 10:11:55 AM

Good morning,

Now that open enrollment for 2026 health insurance has closed, it is time to fill out the annual Health Insurance Form. We will no longer be using the old form but will rather require that the survey found at the link below be completed for every district employee. One employee can complete the survey for all staff in the office or each individual can complete their own.

However, if we do not receive a response for every employee in the district by the deadline of *November 21st*, the district will not receive any stipend for health insurance coverage. This survey form must be completed for every employee, whether they take the insurance or not.

If you have problems completing the survey, your district coordinator can help you. Thank you.

[2026 Health Insurance Form](#)

Thank you,

Soil and Water Conservation Program
Missouri Department of Natural Resources
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Find us on the web at dnr.mo.gov

We'd like your feedback on the service you received from the Missouri Department of Natural Resources. Please consider taking a few minutes to complete the department's Customer Satisfaction Survey at <https://www.surveymonkey.com/r/MoDNRsurvey>.

Thank you.