

SELECT YOUR ENROLLMENT CHANGES

(Mark the benefit and coverage level you are selecting as a result of this Qualifying Life Event)

To enroll a newborn or other dependent only mark the benefits you are electing or changing.

MEDICAL PLAN

- ActiveCare PRIMARY
 ActiveCare HD
 ActiveCare PRIMARY +
 Scott & White HMO
 ActiveCare 2
(can only be elected if previously enrolled prior to 9/1/2020)
 CANCEL medical coverage
 Employee Only
 Employee + Spouse
 Employee + Child(ren)
 Family

WELLNESS PROGRAM (there is no cost to participate and members may receive a discount on medical benefits)

- YES
 NO

TELE-HEALTH Virtual Care \$0 copay per visit

Plan: MDLive

- Coverage Level: CANCEL
 Employee Only
 Employee + Spouse
 Employee + Child(ren)
 Family

HOSPITAL INDEMNITY

Plan: Hospital Indemnity

- Coverage Level: CANCEL
 Employee Only
 Employee + Spouse
 Employee + Child(ren)
 Family

DENTAL

Plan: High PPO
 Low PPO
 DHMO

- Coverage Level: CANCEL
 Employee Only
 Employee + Spouse
 Employee + Child(ren)
 Family

VISION

Plan: Davis Vision

- Coverage Level: CANCEL
 Employee Only
 Employee + Spouse
 Employee + Child(ren)
 Family

CANCER

Plan: High Option Basic Plan
 High Option + ICU Rider
 Low Option Basic Plan
 Low Option + ICU Rider

- Coverage Level: CANCEL
 Employee Only
 Employee + Spouse
 Employee + Child(ren)
 Family

IDENTITY THEFT PROTECTION

Plan: 1 Bureau

- Coverage Level: CANCEL
 Employee Only
 Employee + Spouse
 Employee + Child(ren)
 Family

LEGAL SERVICES

Plan: Metlaw Legal Plan

- Coverage Level: CANCEL
 Employee Only
 Employee + Spouse
 Employee + Child(ren)
 Family

DISABILITY

Waiting Period: 14 Day
 30 Day
 60 Day
 90 Day

- Coverage Level: CANCEL coverage
 30% of Salary
 40% of Salary
 50% of Salary
 60% of Salary

GROUP LIFE /EHZ

r DWkz

Coverage Level \$

(Can elect in increments of \$10,000 up to maximum of 7 x's salary or \$500,000)

GROUP LIFE /EHZ

Cancel

r WKh^

(Can elect in increments of \$5,000 up to maximum of \$100,000)

GROUP LIFE INSURANCE CHILD

Cancel

(Can elect in increments of \$1,000 up to maximum of \$10,000)

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) u000aP0P

Coverage Level

Can elect in increments of \$10,000 up to maximum of 10 x's salary or \$500,000

Coverage Level

Can elect in increments of \$10,000 up to maximum of 10 x's salary or \$500,000

Cancel

HEALTHCARE SAVINGS ACCOUNT (HSA)

 Coverage Level: WAIVE

 (Can elect a minimum \$25.00 monthly amount up to a maximum \$320.83 **individual** monthly amount or a maximum \$645.83 family monthly amount)

MEDICAL REIMBURSEMENT FLEXIBLE SPENDING ACCOUNT (FSA)

 Coverage Level: WAIVE

 (Can elect a minimum \$25.00 monthly amount up to a maximum \$254.16 **individual** monthly amount. Or household FSA maximum of \$416.66 per month)

DEPENDENT CARE REIMBURSEMENT ACCOUNT

 Coverage Level: WAIVE

(Can elect a minimum \$25.00 monthly amount up to a maximum \$416.67 monthly amount)

 Employee Name

 Employee ID

Employee Signature _____

 Date

Please return completed form, along with appropriate proof documentation to:
HRbenefits@aisd.net or 682-867-4651 (fax)

EXAMPLES OF VALID SUPPORTING PROOF DOCUMENTATION FOR YOUR QUALIFYING EVENT

This form must be submitted with the appropriate documentation

Life Event	Documentation Example
Marriage	Copy of Marriage Certificate
Divorce	Court Documents (must include Judges signature and the effective date of the divorce)
Birth/Adoption/Legal Custody of Child	Birth Certificate, Crib Card, Hospital discharge paperwork (must provide newborn's name and date of birth), or Court Documents (must include the effective date of the custody of child)
Death of Spouse/Child	Copy of Death Certificate
Gain of Other Coverage	Letter from employer or carrier(s) listing the dependent's name, the type of coverage(s) gained and the effective date of coverage(s)
Loss of Other Coverage	HIPAA Certificate, or letter from employer or carrier(s) listing the dependent's name, the type of coverage(s) lost and the effective date of the terminated coverage)
Gain of Medicare Coverage	Medicare Award letter, or copy of Medicare ID card (must include effective date)
Gain of Medicaid Coverage	Medicaid Award letter (must include effective date)
Dependent Now Ineligible	Letter from Employee

All changes to benefits are effective the 1st day of the month following the qualifying event, unless the date of the event falls on the 1st of the month. In that case the benefits are effective that day. Newborns' medical benefits are effective as of the date of birth.

All correspondence from employers, carriers, and/or colleges/institutions must be provided on respective letterhead.

