



# 2023-2024 Insurance Change Form

You may add or cancel benefit coverage during the plan year only if you experience a Qualifying Life Event.

**Complete this form and provide a proof documentation for your qualifying event** (i.e. marriage/death/birth or hospital certificate, etc.). The proof document must include the date of the qualifying event.

**Email the information to HRbenefits@aisd.net within 31 days from the date of your qualifying event.**

It is your responsibility to complete this form and provide proof of your qualifying event within 31 days or you will NOT be able to change your benefits until the next annual enrollment period. Payroll deduction increases/decreases will be reflected on your paycheck after the benefit change is processed.

## EMPLOYEE INFORMATION

Employee Name	Employee SSN
Employee ID Number	Daytime Telephone Number
Qualifying Event Date	

## DEPENDENT INFORMATION (Only add the dependent you are adding/removing from coverage)

Name (Last, First)	SSN	Date of Birth	Gender	Relation (S=Spouse, C=Child, H=Handicapped)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## QUALIFYING LIFE EVENT REASON

### ADDING BENEFITS (DOCUMENTATION NEEDED)

- Marriage: Marriage Certificate
- Divorce: Divorce Decree
- Birth: Certificate of Birth or Hospital Certificate
- Adoption: Placement of Papers of Adoption
- Loss of Spouse Employment: Letter from employer or carrier
- Death of Spouse: Death Certificate

### DELETING BENEFITS (DOCUMENTATION NEEDED)

- Marriage: Marriage Certificate
- Divorce: Divorce Decree
- Gain of Gain of Other Coverage: Letter from employer or carrier
- Dependent Now Ineligible: Letter from Employee
- Medicare Entitlement: Medicare Letter/copy of Medicare ID card
- Medicaid Entitlement: Medicaid Award letter
- Death of Child: Death Certificate
- Death of Spouse: Death Certificate

## 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 INSURANCE - EMPLOYEE

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

### GROUP LIFE INSURANCE - SPOUSE

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

### GROUP LIFE INSURANCE - CHILD

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

### ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) Employee is covered at 100%, spouse 50%, eligible child 10%

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

Cancel

Coverage Level - FAMILY \$

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

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Date

**Please return completed form, along with appropriate proof documentation to:**

[HRbenefits@aisd.net](mailto: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.

# TRS Medical Rates 2023-2024

## TRS ActiveCare Health Insurance Premiums

### 12 Pay - Administrators and Professionals

	TRS ActiveCare Primary	TRS ActiveCare HD	TRS ActiveCare Primary+	TRS ActiveCare 2	Baylor Scott & White HMO
Employee Only	\$195.00	\$209.00	\$275.00	\$747.00	\$330.96
Employee + Spouse	\$979.00	\$1,017.00	\$1,141.00	\$2,136.00	\$1,235.90
Employee + Children	\$518.00	\$542.00	\$654.00	\$1,241.00	\$694.68
Family	\$1,302.00	\$1,349.00	\$1,520.00	\$2,575.00	\$1,462.86

### 12 Pay - Para-Professionals

Employee Only	\$180.00	\$194.00	\$260.00	\$732.00	\$315.96
Employee + Spouse	\$964.00	\$1,002.00	\$1,126.00	\$2,121.00	\$1,220.90
Employee + Children	\$503.00	\$527.00	\$639.00	\$1,226.00	\$679.68
Family	\$1,287.00	\$1,334.00	\$1,505.00	\$2,560.00	\$1,447.86

### 18 Pay

Employee Only	\$120.00	\$129.34	\$173.34	\$488.00	\$210.64
Employee + Spouse	\$642.67	\$668.00	\$750.67	\$1,414.00	\$480.18
Employee + Children	\$335.34	\$351.34	\$426.00	\$817.33	\$453.12
Family	\$858.00	\$898.34	\$1,003.34	\$1,706.67	\$965.24

### 26 Pay

Employee Only	\$83.08	\$89.54	\$120.00	\$337.85	\$145.83
Employee + Spouse	\$444.93	\$462.46	\$519.69	\$978.92	\$563.49
Employee + Children	\$232.16	\$243.23	\$294.93	\$565.85	\$313.70
Family	\$594.00	\$615.69	\$694.62	\$1,181.54	\$668.25

AISD contributes the following each month to employees participating in a medical plan:

- \$266 per month for Professional employees
- \$281 per month for all Para-Professional and Auxiliary employees