

Family Member's Benefit Eligibility Changes

Below is information and documents you will need if:

- A change in work schedule or status that causes him or her to gain or lose eligibility
- He or she makes new coverage choices during his or her employer's annual enrollment

You have 30 calendar days from the date of your qualifying event to make your changes (if you miss this timeframe, you cannot make changes to your benefits until Open Enrollment).

Please note: If either of the above situations happen, you could choose to add/remove yourself and/or your spouse and/or dependent children to district coverage depending on the situation.

Insurance Forms:

Please note: You will not be able to enroll in new coverage, only add a spouse and/or dependents to existing coverages you already are enrolled in.

- Health/Dental Insurance Enrollment Form
 - *Health Insurance: You will only be able to add a spouse and/or dependents to your current plan. You are not able to switch between Plan 1 and Plan 2.*
- Vision Insurance Enrollment Form
- Supplemental Spousal Life Insurance Enrollment Form
 - *Please note: You must have voluntary supplemental life insurance coverage for yourself in order to enroll your spouse.*
- Voluntary Accident Insurance Enrollment Form
- Voluntary Critical Illness Insurance Enrollment Form
- Flexible Spending Account (FSA) Enrollment Form
 - *You can either add, increase, decrease or cease a health FSA and either add, increase or decrease, if necessary, a dependent care FSA depending on the situation.*

Other Documents Needed:

- Letter from your spouse's new employer with the date of hire/effective date of new insurance eligibility

Please click [HERE](#) for all enrollment forms. Please print and complete all applicable forms. Once you have completed all the enrollment forms and have all other documents in order, please bring or send them to Nicole Gruenewald in Human Resources.