

## Number of Eligible Children Changes

Below is information and documents you will need to add and/or remove dependents on your insurance based on your qualifying life event. Please note: 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).

- [Birth or adoption of a child](#)
- [Child gains or loses eligibility for coverage under the plan](#)
- [Death of a child](#)
- [Other items to consider if your number of eligible children changes](#)

### Birth or Adoption of a child

#### Insurance Forms:

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

- Health/Dental Insurance Enrollment Form
  - *Health Insurance: You will only be able to add dependents to your current plan. You are not able to switch between Plan 1 and Plan 2.*
- Vision Insurance Enrollment Form
- Voluntary Accident Insurance Enrollment Form
- Voluntary Critical Illness Insurance Enrollment Form
- Flexible Spending Account (FSA) Enrollment Form
  - You can either add or increase a health FSA and/or dependent care FSA.

#### Other Documents Needed:

- Copy of birth certificate
- Child's social security number - You can call HR (262.335.7881) once you have your newborn's SSN

\*\*\*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.\*\*\*

[Other items to consider if your number of eligible children changes](#)

# Child gains or loses eligibility for coverage under the plan

## Child is turning 26

You don't have to do anything, HR will take care of removing your dependent from any insurance coverage that they may have through the district.

## Divorce

### Insurance Forms:

*Please note: Unless you and/or your dependents lost any coverage you were enrolled in on your ex-spouse's insurance, you will not be able to enroll in new coverage, only remove your ex-spouse and/or dependents from existing coverages they are currently enrolled in and/or add any dependents to the coverage they lost through other insurance coverage.*

- Health/Dental Insurance Enrollment Form
  - *Health Insurance: You will only be able to add or remove 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
- Voluntary Accident Insurance Enrollment Form
- Voluntary Critical Illness Insurance Enrollment Form
- Flexible Spending Account (FSA) Enrollment Form
  - You can either add, decrease or cease an election for a health FSA and increase an election for a dependent care FSA based on the situation.

### Other Documents Needed:

- Copy of Divorce decree, legal separation or annulment paperwork or any other applicable loss of coverage paperwork

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

[Other items to consider if your number of eligible children changes](#)

## **Child losing state/government coverage**

### **Insurance Forms:**

*Please note: You will not be able to enroll yourself or any dependents in new coverage, only add any dependents to any applicable insurance coverages they have lost.*

- Health/Dental Insurance Enrollment Form
  - *Health Insurance: You will only be able to add or remove dependents to your current plan. You are not able to switch between Plan 1 and Plan 2.*
- Vision Insurance Enrollment Form

### **Other Documents Needed:**

- Notice from state or government with the effective end date of coverage

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

## Death of a Child

### Insurance Forms:

- Health/Dental Insurance Form
  - *Health Insurance: You will only be able to remove a child from your current plan. You are not able to switch between Plan 1 and Plan 2.*
- Vision Insurance Form
- Voluntary Accident Insurance Form
- Voluntary Critical Illness Insurance Form
- Flexible Spending Account (FSA) Enrollment Form
  - You can either decrease or cease an election for a health FSA and decrease an election for a dependent care FSA.

\*\*\*Please click [HERE](#) for all insurance forms. Please print and complete all applicable forms removing your dependent from the covered dependent section. Once you have completed all the forms and have all other documents in order, please bring or send them to Nicole Gruenewald in Human Resources.\*\*\*

[Other Items to consider after a change in the number of eligible children](#)

## Other items to consider updating

- Life Insurance Beneficiary
  - The ability to update your Life Insurance Beneficiary can be found at this [link](#)
  - Please complete and return to Human Resources
- State and Federal Tax Withholding
  - The forms can be found at this [link](#)
  - Return the form to Payroll
- WRS Beneficiary
  - The form can be found at this [link](#)
  - Return the form to WRS (address is on the form)