

BENEFIT ELECTION/CHANGE FORM

New Hire Enrollment
 Qualifying Event
 Termination

Section 1 - Life Event Change (Only complete if qualifying event) Pre-Tax Insurance

You may make elections changes during the Section 125 Plan Year if you have a qualifying event and you notify the Benefits Department within 31 days of the event. Please complete all information.
Reason for request: <input type="checkbox"/> Marriage / Divorce <input type="checkbox"/> Death of a Spouse or Dependent <input type="checkbox"/> Birth or Adoption of a Child <input type="checkbox"/> Loss of Coverage <input type="checkbox"/> Job Status Change for Employee or Spouse <input type="checkbox"/> 7 H U P L Q D W L R Q & R P P H Q F H P H Q W R I 6 S R X V H p V (P
<input type="checkbox"/> Other (Please Explain): _____ Effective Date of Change: ____ / ____ / ____

Section 2 - Employee Information (Please Print)

	:	Phone Number:	Email address:
Mailing Address:			
Physical Address (required if mailing address is PO Box) :			

<i>For the Benefits Department use only</i> :			
Annual Salary: \$	Hire Date:	Occupation:	Location:
Hours worked:	Pay Frequency:		

Section 4 t Benefit Selection (3 O H D V H L Q G L F D W H H O H F W L R Q E I X V L Q J D Q q ; r

TRS Medical Pre-Tax

Decline

Effective: Actively at Work Date First day of month following

Activecare HD Primary Plan Primary + Baylor HMO

Employee Only Employee & Child(ren)

Employee & Spouse Employee & Family

Split Premium(Spouse works at other district (additional form needed)

Pooled Premium (Spouse is also employed by EMS ISD)

