

**MANSFIELD ISD AUXILIARY DEPARTMENT
NOTIFICATION OF ELIGIBILITY OF BENEFITS STATUS**

Dear _____:

Effective _____, your benefit eligibility status will change due to one of the following:

- You are a new part-time/full-time employee, and you have **31 days** from your effective date of change to elect/decline your health and supplemental insurance benefits with Mansfield ISD.* PLEASE NOTE: THIS IS YOUR ONE OPPORTUNITY TO ELECT/DECLINE INSURANCE THIS PLAN YEAR. YOU MAY NOT CHANGE YOUR ELECTION UNTIL THE DISTRICT'S NEXT OPEN ENROLLMENT PERIOD.

- You are a new substitute employee, and you have **31 days** from your effective date of change to elect/decline your health insurance benefits with Mansfield ISD.* PLEASE NOTE: THIS IS YOUR ONE OPPORTUNITY TO ELECT/DECLINE HEALTH INSURANCE THIS INSURANCE PLAN YEAR. YOU MAY NOT CHANGE YOUR ELECTION UNTIL THE DISTRICT'S NEXT OPEN ENROLLMENT PERIOD.

- Your employment status changed from substitute to part-time/full-time status, and you are now eligible for supplemental benefits. You have **31 days** from your effective date of change to elect your supplemental benefits with Mansfield ISD.*

- Your employment status changed from part-time/full-time to substitute status, and you are no longer eligible for supplemental benefits. Your supplemental benefits will terminate at the end of this month. You may retain your health insurance benefits, if applicable, but you must work at least 10 hours per week and must pay the entire portion of your monthly premium. The district will no longer pay its portion of your premium.
 - If you wish to cancel your medical insurance, you must sign a declination form available from your department or the Benefits department.
 - If you wish to keep your medical insurance, you must take a personal check to Benefits by the 10th of each month. Please note you will be responsible for the full premium amount, including the \$250 previously paid by the district when you were a part-time/full-time employee.

*To elect your benefits, you must contact the MISD Benefits department, located in the portable building at 605 E. Broad Street in Mansfield, or visit the Mansfield ISD website. Our Benefits department is open from 8:00am-4:30pm daily. You may reach the Benefits department by telephone at 817.299.6335/6336. You may review/enroll/decline district benefit options on the Mansfield ISD website under Departments, Benefits.

*Should you elect to waive your benefit opportunity, you must complete a form in order to decline benefit coverage.

Your signature is required below to indicate receipt of notice of eligibility of benefits status.

Signature

Date

DEPARTMENT USE ONLY

Make one copy of this form for employee and retain original in department file. Fax/scan one copy of this form and declination form (when applicable) to Benefits as soon as possible.

Department representative notifying of benefit eligibility

Date