

Kilgore Independent School District



- Review benefits.ffga.com/kilgoreisd before making your benefit selections.
- **New employees** have 31 days from their hire date to enroll in benefits.
- **All employees** have 31 days to change benefits upon Qualifying Life Events (from date of event).

Section 1 – Employee Information **Print Legibly**

Employer:	Plan Year:	<input type="checkbox"/> New Hire Enrollment	<input type="checkbox"/> Qualifying Event	<input type="checkbox"/> Termination	<input type="checkbox"/> COBRA
Kilgore ISD		Termination Date _____	Date of first/last deduction _____		
Employee Name:	Social Security Number:		Date of Birth:		
Annual Salary:	Gender:	Hire Date:	Payroll Frequency: 12 24	Location:	
Mailing Address (Street Apt):			Marital Status:	Occupation:	
City:	State:	Zip Code:	Phone Number:		
Work Email:	@kisd.org	Year Graduated High School:			

Section 2 – Change in Elections due to Life Event

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: Marriage / Divorce Death of a Spouse or Dependent Birth or Adoption of a Child

Job Status Change for Employee or Spouse Termination/Commencement of Spouse's Employment

Other (Please Explain): _____ **Effective Date of Change:** ____/____/____

Section 3 – Family Information **This section must be completed regardless if family members are covered under insurance.**

Dependent Name	Date of Birth	Gender M/F	Disabled Y/N	Spouses Occupation or Full-Time Student	Social Security Number MUST BE PROVIDED DO NOT LEAVE BLANK	Flexible Spending Account Debit Card? (if enrolling) Y/N
Spouse						
Child						
Child						
Child						
Child						
Child						

Section 4 – Beneficiary Information **This section must be completed for group life insurance and other voluntary life insurance.**

Name	Date of Birth	Gender M/F	Relationship to Insured	Group Life Voluntary Group Life Texas Life
Primary				
Contingent				

Section 5 – Benefit Election

<p>TRS Medical <input type="checkbox"/> Pre-tax <input type="checkbox"/> After-tax *Declination Required* <input type="checkbox"/> Waive</p> <p><input type="checkbox"/> ActiveCare 1-HD <input type="checkbox"/> ActiveCare 2 <input type="checkbox"/> ActiveCare Select</p> <p><input type="checkbox"/> Employee Only <input type="checkbox"/> Employee & Spouse <input type="checkbox"/> Employee & Children <input type="checkbox"/> Employee & Family</p>	<p>Ameritas Dental(Pre-tax) <input type="checkbox"/> Waive</p> <p><input type="checkbox"/> Employee Only <input type="checkbox"/> Employee & Spouse <input type="checkbox"/> Employee & Child(ren) <input type="checkbox"/> Employee & Family</p>
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<p>Superior Vision(Pre-tax) <input type="checkbox"/> Waive</p> <p><input type="checkbox"/> Employee Only <input type="checkbox"/> Employee & Spouse <input type="checkbox"/> Employee & Children <input type="checkbox"/> Employee & Family</p>	<p>UNUM Disability(After-tax) <input type="checkbox"/> Waive</p> <p>Elimination Period <input type="checkbox"/> 7 Day <input type="checkbox"/> 14 Day <input type="checkbox"/> 30 Day <input type="checkbox"/> 90 Day</p> <p>Monthly Benefit Amount: \$ _____</p> <p><input type="checkbox"/> Please have an agent contact me regarding this coverage.</p>	<p>AFA Accident (Pre-tax) <input type="checkbox"/> Waive</p> <table style="width:100%;"> <tr> <td style="width:50%;"> <p>Basic</p> <p><input type="checkbox"/> Employee Only <input type="checkbox"/> Employee & Spouse <input type="checkbox"/> Employee & Child(ren) <input type="checkbox"/> Employee & Family</p> </td> <td style="width:50%;"> <p>Enhanced</p> <p><input type="checkbox"/> Employee Only <input type="checkbox"/> Employee & Spouse <input type="checkbox"/> Employee & Child(ren) <input type="checkbox"/> Employee & Family</p> </td> </tr> </table> <p><input type="checkbox"/> Please have an agent contact me regarding this coverage.</p>	<p>Basic</p> <p><input type="checkbox"/> Employee Only <input type="checkbox"/> Employee & Spouse <input type="checkbox"/> Employee & Child(ren) <input type="checkbox"/> Employee & Family</p>	<p>Enhanced</p> <p><input type="checkbox"/> Employee Only <input type="checkbox"/> Employee & Spouse <input type="checkbox"/> Employee & Child(ren) <input type="checkbox"/> Employee & Family</p>
<p>Basic</p> <p><input type="checkbox"/> Employee Only <input type="checkbox"/> Employee & Spouse <input type="checkbox"/> Employee & Child(ren) <input type="checkbox"/> Employee & Family</p>	<p>Enhanced</p> <p><input type="checkbox"/> Employee Only <input type="checkbox"/> Employee & Spouse <input type="checkbox"/> Employee & Child(ren) <input type="checkbox"/> Employee & Family</p>			

<p>Dearborn Group Life (After-tax) <input type="checkbox"/> Waive</p> <p><input type="checkbox"/> Employee Coverage \$ _____ Monthly Premium \$ _____</p> <p><input type="checkbox"/> Spouse Coverage \$ _____ Monthly Premium \$ _____</p> <p><input type="checkbox"/> Child(ren) Coverage \$10,000 Monthly Premium \$ _____</p>	<p>AFA Cancer (After-tax) <input type="checkbox"/> Waive</p> <table style="width:100%;"> <tr> <td style="width:50%;"> <p><input type="checkbox"/> Employee Only <input type="checkbox"/> Employee & Spouse <input type="checkbox"/> Employee & Children <input type="checkbox"/> Employee & Family</p> </td> <td style="width:50%;"> <p><input type="checkbox"/> Basic <input type="checkbox"/> Enhanced</p> </td> </tr> </table> <p>Benefit Amount: \$ _____ Premium: \$ _____</p> <p><input type="checkbox"/> Please have an agent contact me regarding this coverage.</p>	<p><input type="checkbox"/> Employee Only <input type="checkbox"/> Employee & Spouse <input type="checkbox"/> Employee & Children <input type="checkbox"/> Employee & Family</p>	<p><input type="checkbox"/> Basic <input type="checkbox"/> Enhanced</p>	<p>Humana Critical Illness (After-tax) <input type="checkbox"/> Waive</p> <table style="width:100%;"> <tr> <td style="width:50%;"> <p><input type="checkbox"/> Employee Only <input type="checkbox"/> Employee & Spouse <input type="checkbox"/> Employee & Children <input type="checkbox"/> Employee & Family</p> </td> <td style="width:50%;"> <p><input type="checkbox"/> Non-Tobacco <input type="checkbox"/> Tobacco User</p> </td> </tr> </table> <p>Benefit Amount: \$ _____ Premium: \$ _____</p> <p><input type="checkbox"/> Please have an agent contact me regarding this coverage.</p>	<p><input type="checkbox"/> Employee Only <input type="checkbox"/> Employee & Spouse <input type="checkbox"/> Employee & Children <input type="checkbox"/> Employee & Family</p>	<p><input type="checkbox"/> Non-Tobacco <input type="checkbox"/> Tobacco User</p>
<p><input type="checkbox"/> Employee Only <input type="checkbox"/> Employee & Spouse <input type="checkbox"/> Employee & Children <input type="checkbox"/> Employee & Family</p>	<p><input type="checkbox"/> Basic <input type="checkbox"/> Enhanced</p>					
<p><input type="checkbox"/> Employee Only <input type="checkbox"/> Employee & Spouse <input type="checkbox"/> Employee & Children <input type="checkbox"/> Employee & Family</p>	<p><input type="checkbox"/> Non-Tobacco <input type="checkbox"/> Tobacco User</p>					

<p>Texas Life Insurance (After-tax) <input type="checkbox"/> Waive</p> <table style="width:100%;"> <tr> <td style="width:50%;"> <p><input type="checkbox"/> Employee \$ _____ <input type="checkbox"/> Spouse \$ _____ <input type="checkbox"/> Children \$ _____ \$25,000 (min&max)</p> </td> <td style="width:50%;"> <p><input type="checkbox"/> Non-Tobacco <input type="checkbox"/> Tobacco User</p> </td> </tr> </table> <p>Has the Proposed Insured been actively at work on a full time basis for the past 6 months performing usual job duties? If no, provide details on separate sheet. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has the Proposed Insured been absent from work due to illness or medical treatment for a period of more than 5 consecutive working days within the past 6 months? If yes, provide details on separate sheet. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has the Proposed Insured been disabled; received treatment or care in a hospital or hospice, or in a custodial, intermediate skilled nursing care or long-term care facility; received chemotherapy, radiation therapy or dialysis treatment; received treatment in a hospital or rehabilitation center for alcohol or drug abuse within the last 6 months? If yes, provide details. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Employee \$ _____ <input type="checkbox"/> Spouse \$ _____ <input type="checkbox"/> Children \$ _____ \$25,000 (min&max)</p>	<p><input type="checkbox"/> Non-Tobacco <input type="checkbox"/> Tobacco User</p>	<p>Flexible Spending Account(Pre-tax) <input type="checkbox"/> Waive</p> <p>\$ _____ Monthly or \$ _____ Annual</p> <p>How many Debit Cards _____ List the name of each card holder below:</p> <p>1. _____ 2. _____ 3. _____</p> <p style="color:red">*Maximum contribution for your flexible spending account is \$2550.00 and \$5000.00 maximum for dependent care contributions.</p> <p>Dependent Care Reimbursement (Pre-tax) <input type="checkbox"/> Waive</p> <p>\$ _____ Monthly \$ _____ Annual</p> <p><input type="checkbox"/> Please have an agent contact me regarding these benefits.</p>
<p><input type="checkbox"/> Employee \$ _____ <input type="checkbox"/> Spouse \$ _____ <input type="checkbox"/> Children \$ _____ \$25,000 (min&max)</p>	<p><input type="checkbox"/> Non-Tobacco <input type="checkbox"/> Tobacco User</p>		

This election form revokes any prior election form completed and will remain in effect and cannot be revoked or changed during the plan year, unless the revocation and new election are on account of and consistent with a change in family status. I understand that I have verified the benefits elected above and authorize any payroll deductions required for those elections.

Employee Signature: x _____ Date: ____/____/____

Employer Signature: x _____ Date: ____/____/____

**** Upon completion of this form return to abroadus@kisd.org or dusty.gallagher@ffga.com ****