



Family Status Changes Frequently Asked Questions

1. Can I change, add, or drop my benefits coverage whenever I want?

Your plan options and coverage levels will remain in effect from September 1 – August 31. You **cannot** add or change covered persons during the year unless you have a status change/special enrollment event.

2. What is a qualified Family Status Change/Special Enrollment Event?

- Birth, adoption or foster care placement
- Marriage
- Divorce
- Spouse gains or loses employment (requires addition or loss of group coverage)
- Spouse's Open Annual Enrollment
- Termination of Employment (requires loss of coverage)
- Cessation of Dependent Status (such as age limit)
- Exhausted COBRA coverage
- Loss of coverage under a group plan
- Health Care Market Place Open Annual Enrollment (drop in district coverage only)

3. What benefits can I change?

All changes must be consistent with the [IRS Code 125 cafeteria plan](#).

You may add: Medical, dental, vision, flexible spending accounts, and/or a health savings account as allowed by IRS Code Section 125. If adding Voluntary Life, Cancer, Accident or Critical Illness coverage for a new dependent and the employee is not currently enrolled, then employee may be required to answer medical questions. In the case of marriage, birth, adoption or placement for adoption, you may elect to increase (but not reduce) the amount of your voluntary life insurance coverage (subject to plan limitations).

You may drop: All benefits depending on the qualifying event. In the case of divorce, legal separation, annulment or death of a spouse or dependent, you may elect to reduce (but not increase) the amount of your voluntary life insurance coverage.

4. What is a Section 125 Cafeteria Plan?

A cafeteria plan is an employer-maintained separate written plan for employees that meets the requirements and regulations of [Section 125 of the Internal Revenue Code](#). It provides participants an opportunity to receive certain benefits on a pre-tax basis.

5. **What pre-tax benefits are covered under the Section 125 cafeteria Plan?**
Medical, Dental, Vision, GAP, Accident, Cancer, Critical Illness, FSA, HSA and 457/403(b).
Please view the Section 125 of the Internal Revenue Code for more details.
6. **What documentation must I provide to change my benefits if I have a Family Status Change/Special Enrollment Event? ***

*All documents must be received by the Benefits Office within 30 days of qualifying event date.

Birth, Adoption or Placement for Adoption:

- TRS ActiveCare Enrollment Application & Change form (medical changes only).
- Verification of birth facts (from hospital) or final adoption paperwork.
- If adding dependent(s) to district insurance, send a letter or email to the Benefits Office indicating who needs to be added to which benefit plans.

Special rules for enrolling newborns: TRS ActiveCare automatically provides coverage for a newborn of a covered employee for the first 31 days of life. For the newborn to be covered after this time, you must complete and submit a TRS ActiveCare Enrollment Application & Change form to the Benefits Office within 30 days after the birthdate. The effective date of coverage is the birthdate.

Marriage:

- Copy of marriage certificate
- [TRS ActiveCare Enrollment Application & Change](#) form (medical changes only)
- If adding dependent(s) to district coverage, send a letter or email to the Benefits Office indicating who needs to be added to what benefit plans.
- If changing to spouse's insurance plan, we require a letter on your spouse's employer's letterhead stating the effective date of coverage and what benefits you (and any other dependents) will be covered for under this new plan.
- If dropping district insurance other than medical, send a letter or email to the Benefits Office, along with other required documents, indicating who needs to be dropped from what benefit plans.

TRS does not allow a retro drop in medical coverage, therefore, you will need to submit all required documentation prior to the coverage drop date.

Spouse Gains Employment:

- [TRS ActiveCare Enrollment Application & Change](#) form (medical changes only)
- If dropping district insurance to go on spouse's insurance plan, we require a letter on the spouse's employer's letterhead stating the effective date of hire, the



effective date of coverage and the benefits you and any other dependents will be covered for.

- If dropping district insurance (other than medical), send a letter or e-mail to the Benefits Office, along with other required documents, indicating who needs to be dropped from what benefit plans.

NOTE: If you are dropping medical, dental, or vision coverage, we require documentation showing the gain in coverage for each of these plans, including who was covered, and the effective date the coverage begins.

TRS does not allow a retro drop in medical coverage, therefore, you will need to submit all required documentation prior to the coverage drop date.

Spouse's Open Annual Enrollment:

- [TRS ActiveCare Enrollment Application & Change](#) form (medical changes only)
- If dropping district insurance to go on spouse's insurance plan, we require a letter on the spouse's employer's letterhead stating the qualifying event reason, effective date of coverage and the benefits you and any other dependents will be covered for. If the annual enrollment confirmation statement indicates all the information requested above, we will accept that in lieu of the letter from the employer.
- If dropping district insurance (other than medical), send a letter or e-mail to the Benefits Office, along with other required documents, indicating who needs to be dropped from which benefit plans.

NOTE: TRS does not allow a retro drop in medical coverage, therefore, you will need to submit all required documentation prior to the coverage drop date.

Note: TRS will not allow an addition of coverage under the TRS ActiveCare medical plan if there is a loss of medical coverage during a spouses open annual enrollment, unless;

- There is a loss of individual coverage outside the control of the individual. For example: the insurance company claims bankruptcy, the insurance company withdraws from doing business in the state or the insurance company cancels the block of business.
- The employee or dependent(s) lost other group coverage due to a loss of eligibility
- The employee or dependent(s) elected to drop the other group health coverage because the employer stopped all employer contributions toward the premium.

Termination of Employment:

- [TRS ActiveCare Enrollment Application & Change](#) form (medical changes only)
- If adding coverage for you and/or dependents to district insurance, we will require a letter on the spouse's employer's letterhead stating the termination/resignation date, the



effective date of coverage termination and the benefits you and any other dependents were covered for.

- If adding dependent(s) to district insurance (other than medical), send a letter or email to the Benefits Office, along with other required documents, indicating who needs to be added to what benefit plans.

Divorce:

- Copy of divorce decree completed and signed by judge.
- [TRS ActiveCare Enrollment Application & Change](#) form (medical changes only).
- If dropping coverage for ex-spouse and non-dependent children, only the two above items are needed. (We will automatically drop any other benefits the spouse is enrolled in.)
- TRS does not allow a retro drop in medical coverage, therefore, you will need to submit all required documentation prior to the coverage drop date.
- If adding coverage for you and any child dependents to district insurance, we will also require a letter on the ex-spouse employer's letterhead stating the qualifying event for dropping coverage, the effective date of the coverage being dropped and benefits that you and any other dependents you will be adding were covered for. (This applies only if coverage for you and/or dependents was on spouse's employer group plan.)
- If adding dependent(s) to district insurance, send a letter or email to the Benefits Office indicating who needs to be added to what benefit plans.



Death:

- Copy of death certificate
- [TRS ActiveCare Enrollment Application & Change](#) form (medical changes only).
- **NOTE:** We will automatically drop any other benefits the dependent is enrolled in once all required documents are received.

Cessation of Dependent Status (such as reaching age limit):

- Email the Benefits Office indicating that your dependent child is reaching the age limit of 26.
- **NOTE:** The employee is responsible for notifying the Benefits Office when any child dependents on his/her plan are about to reach the age limit of 26. Once this information is received, we will proceed with dropping coverages for that dependent.

Exhausted COBRA Coverage:

- Copy of COBRA letter stating when the coverage will exhaust.
- [TRS ActiveCare Enrollment Application & Change](#) form (medical changes only).
- If adding dental or vision coverage, send a letter or e-mail to the Benefits Office indicating who needs to be added to what benefit plans (applies only if coverage was continued under COBRA).

Loss of Coverage under Group Plan:

- [TRS ActiveCare Enrollment Application & Change](#) form (medical changes only)
- If adding coverage for you and/or dependents, we will require a letter on the employer's letterhead stating the qualifying event, the effective date of coverage termination and benefits you and any other dependents were covered for.
- Note: If you are adding medical, dental, or vision coverage, we need documentation showing the loss in coverage for each of these, including who was covered, and the effective date through when the coverage ends.
- If adding dependent(s) to district insurance (other than medical), send a letter or email to the Benefits Office, along with other required documents, indicating who needs to be added to what benefit plans.
- **NOTE:** Voluntary termination of other coverage (such as dropping coverage during a spouse's enrollment period or a Section 125 cafeteria plan enrollment period because of premium or benefit changes, including spousal surcharges or coverage restrictions) is not a special enrollment event for TRS ActiveCare. Individuals who voluntarily drop other coverage will not be eligible to enroll in TRS ActiveCare again until the next plan enrollment period unless there is a special enrollment event. If an employee and/or dependent are dropped from the spouse's benefits coverage because they no longer meet



the employer's eligibility criteria, this is considered an involuntary drop and will qualify as a special enrollment event to enroll in TRS ActiveCare.

Health Care Market Place Open Annual Enrollment

- [TRS ActiveCare Enrollment Application & Change](#) form (medical changes only).
- If gaining coverage through the Health Care Market Place, we require a copy of the annual enrollment confirmation statement, with the Health Care Market Place logo, indicating who is covered, the effective date of coverage and which benefits those individuals are covered under. **TRS does not allow a retro drop in medical coverage**, therefore, you will need to submit all required documentation prior to the coverage drop date.
- If dropping district insurance (other than medical), send a letter or e-mail to the Benefits Office, along with other required documents, indicating who needs to be dropped from which benefit plans.