

DEPENDENTS (if adding an dependent, proof of eligibility is required) *Review Summary of Benefits

Action	Coverage	Name (First, MI, Last)	Relationship	Gender	Date of Birth	Social Security Number
<input type="checkbox"/> Enroll <input type="checkbox"/> Cancel	<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision			<input type="checkbox"/> Male <input type="checkbox"/> Female		
<input type="checkbox"/> Enroll <input type="checkbox"/> Cancel	<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision			<input type="checkbox"/> Male <input type="checkbox"/> Female		
<input type="checkbox"/> Enroll <input type="checkbox"/> Cancel	<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision			<input type="checkbox"/> Male <input type="checkbox"/> Female		
<input type="checkbox"/> Enroll <input type="checkbox"/> Cancel	<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision			<input type="checkbox"/> Male <input type="checkbox"/> Female		
<input type="checkbox"/> Enroll <input type="checkbox"/> Cancel	<input type="checkbox"/> Medical <input type="checkbox"/> Denta <input type="checkbox"/> Vision			<input type="checkbox"/> Male <input type="checkbox"/> Female		

ACKNOWLEDGEMENT

I hereby authorize Alexandria City Public Schools to deduct any required contributions from my pay for the elected benefits. The cost of my medical, dental, and/or vision and/or Flexible Spending Account contributions will be deducted from my pay on a pre-tax basis in accordance with Section 125 of the Internal Revenue Code. I understand that my benefit elections will be binding for the entire Plan Year, with an effective date of July 1, 2024, unless I have a qualified change of status as defined by IRS regulations. Deductions for elected benefits will begin with my July 15, 2024 pay. If electing to participate in a Flexible Spending Account plan, I understand that this agreement is only for eligible services provided during the plan year and services must be provided before submission of claims for reimbursement, and that any salary deductions that have not been used for expenses incurred in the plan year will be forfeited in accordance with current law.

Employee Signature: _____ Date: _____

Email or Mail Completed Form No Later than May 31, 2024 to:

HRBenefits@acps.k12.va.us
 Human Resources Department
 1340 Braddock Place, Suite 520
 Alexandria, VA 22314