

Change in Status

(Outside of Annual Open Enrollment)

The School Board intends to provide you with the broadest ability to make mid-year election changes permitted in accordance with Internal Revenue Service (IRS) Section 125 rules. To summarize those IRS rules, you cannot change your level of participation unless you experience a Change in Status and notify the Benefits Department **within 31 days** of such event.

A Change in Status is defined as one of the following events:

- **Marital Status** – marriage, divorce or death of a spouse
- **Change in the Number of Tax Dependents** – birth, death or adoption
- **Change in Status of Employment** – commencement or termination of employment
- **Gain or Loss of Dependent's Eligibility** – coverage requirements under the plan are no longer satisfied
- **Change in Residence** – a change in residence that is outside of the HMO service area
- **Entitlement to Medicare, Medicaid or other government sponsored health coverage** - gain or loss of coverage. You have **60 days** to notify the Benefits Department for this event only.
- **Judgment, Decree or Court Order** – case specific
- **Open Enrollment Under Other Employer's Plan** - when your dependent makes an Open Enrollment change under their employer's plan.

You may modify your election for the remainder of the plan year if the Change in Status affects the eligibility for coverage under the Plan for you, your spouse and/or dependents and as long as your change is “consistent with” the Change in Status.

An example of satisfying the “consistency” requirement would be: If you are currently covering your spouse and he/she obtains a new job. If as a result of the new job (commencement of employment) your spouse elects coverage through the new employer; this would allow you to delete your spouse. Or assume you are covering your spouse and he/she separates from his/her employer, you cannot remove your spouse from the plan as the termination of employment (by your spouse) did not trigger a loss of coverage eligibility under our plan.

Please keep in mind:

- Coverage changes are always prospective – for example, if the Benefits Department receives complete paperwork and supporting documentation in April, the changes will be effective May 1. Premiums will be adjusted accordingly.
- Additions to the plan can only be completed by coming into the Benefits Department to complete the necessary paperwork.
- Deletion paperwork may be obtained from the Benefits website (www.browardschools.com/benefits). Deletion paperwork and supporting documentation may be faxed, scanned/e-mailed, put in the Pony or US mail or dropped off.
- **ALL REQUESTS TO MODIFY YOUR PLANS MUST BE RECEIVED IN THE BENEFITS DEPARTMENT WITHIN 31 DAYS OF THE QUALIFYING EVENT OR COVERAGE EFFECTIVE DATE (if a Deletion). Requests received outside of this timeframe will be denied and the annual Open Enrollment period will be the next time you can modify your elections.**

Should you have additional questions you may contact the Benefits Department directly: 754-321-3100.

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
BENEFITS STATUS CHANGE FORM

TYPE OF CHANGE - NAME: ☐ ADDRESS: ☐ COVERAGE: ☐ DEPENDENT: ☐ OTHER: ☐

PERSONAL DATA

Employee's Name (Last Name, First Name, Middle Initial)			Personnel #
Current Address		City	State Zip Code
Home Phone # (Include Area Code)	Date Of Birth	Social Security Number	

HEALTH				DENTAL				☐ REMOVE ☐ ADD ☐ CHG	
AETNA	EE	EE +1	FAM	CompBenefits/Humana	EE	EE +1	FAM	MED. REIMB: \$	
PREMIER PLAN HMO	☐	☐	☐	BASIC DHMO	☐	☐	☐	DEP. CARE: \$	
PREMIER PLUS PLAN HMO	☐	☐	☐	ENH DHMO	☐	☐	☐	DIS. ENH.: \$	
PREMIER CHOICE HSA	☐	☐	☐	BASIC PPO	☐	☐	☐	LIFE INS. 1X: 2X:	
				ENH PPO	☐	☐	☐		

Aetna Kids HMO Plans			
	Kids Basic	5-26	
	Kids Enh.	5-26	

Aetna				EE	EE +1	FAM	FOR INTERNAL OFFICE USE ONLY			
BASIC DHMO				☐	☐	☐	DEBIT Coverage Period:			
ENH DHMO				☐	☐	☐	CREDIT			
BASIC PPO				☐	☐	☐	PN Sub-Area:			
ENH PPO				☐	☐	☐				

HEALTH COVERAGE

Effective Date: _____

For each individual: "C" for Change, "A" for Addition, or, "T" for Terminate

NAME - DOB - PRIMARY CARE PHYSICIAN - AND OTHER CHANGES									
COVERAGE CHANGES	FROM	TO	FULL NAME RELATIONSHIP TO EMPLOYEE	SEX M/F	DATE OF BIRTH			AGE	PRIMARY CARE PHYSICIAN
					MO	DAY	YR		
SPOUSE:									PCP NAME:
SSN:									OFFICE #:
DEP. NAME:									PCP NAME:
SSN:									OFFICE #:
DEP. NAME:									PCP NAME:
SSN:									OFFICE #:
DEP. NAME:									PCP NAME:
SSN:									OFFICE #:
DEP. NAME:									PCP NAME:
SSN:									OFFICE #:

NOTES: (All Changes)

DENTAL COVERAGE

Dental Plan Changes

Effective Date: _____

ADD DEPENDENTS: ☐ DELETE DEPENDENTS: ☐

NAME: _____ D/O/B: _____

NAME: _____ D/O/B: _____

NAME: _____ D/O/B: _____

VISION COVERAGE

Vision Plan Changes

Effective Date: _____

ADD DEPENDENTS: ☐ DELETE DEPENDENTS: ☐

NAME: _____ D/O/B: _____

NAME: _____ D/O/B: _____

NAME: _____ D/O/B: _____

Signature: _____

Date: _____

ORIGINAL - BENEFITS

COPY 2 - VENDOR

COPY 3 - VENDOR

COPY 4 - EMPLOYEE