

Garland ISD – Mid-Year Benefit Changes

Guide: To ADD benefits and/or participants choose an event for details:

General Submission Instructions

- Submit all paperwork within the **31-day election window** (unless otherwise noted).
- Submit via:
 - Email: benefits@garlandisd.net (*confirmation provided*)
 - School Mail: Benefits, Box 108
 - Fax: 972-485-4931
 - Drop Off: Harris Hill Building, 501 South Jupiter Road
 - Mail: Garland ISD, 501 S Jupiter Rd, Garland TX 75042, Attn: Benefits

Required Forms

- **Garland ISD Benefits Change Form** (Dental, Vision, FSA)
 - **TRS-ActiveCare Application** (Medical)
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Qualifying Life Events

Birth of a Child

Election Window:

31 days from date of birth

Who Can Enroll:

- Add newborn (SSN not required initially)
- Enroll in medical and/or add family members
- Change plans if coverage tier changes

Effective Date:

Date of birth

Documentation:

- Birth Certificate OR
 - Verification of Birth Facts (not discharge papers)
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Adoption of a Child

Election Window:

31 days from placement or final adoption

Who Can Enroll:

- Add adopted child
- Add spouse and/or change plans if needed

Effective Date:

Placement date or adoption finalization

Documentation:

- Court placement documents OR
 - Final adoption decree
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Marriage

Election Window:

31 days from date of marriage

Who Can Enroll:

- Add spouse and/or stepchildren
- Enroll in medical or change plans

Effective Date:

First of the month following marriage

Documentation:

- Marriage Certificate OR
 - Common Law Marriage Certificate
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Spouse Loses Employment / Coverage

Election Window:

31 days from loss of eligibility

Who Can Enroll:

- Employee and/or dependents losing coverage
- Plan changes allowed if tier changes

Effective Date:

First of the month following loss

Documentation:

- COBRA paperwork OR proof including:
 - Reason coverage ended
 - Date coverage ended
 - Benefits affected
 - Covered individuals
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Dependent Ages Out of Coverage**Election Window:**

31 days from loss of eligibility

Who Can Enroll:

- Employee or spouse replacing lost coverage

Effective Date:

First of the month following loss

Documentation:

- Same as loss of coverage above
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Loss of Medicaid / CHIP**Election Window:**

31 days from loss of eligibility

May be extended to 60 days based on Medicaid/CHIP determination timing

Who Can Enroll:

- Employee and/or dependents losing coverage

Effective Date:

First of the month following loss

Documentation:

- Proof of Medicaid/CHIP loss
(Loss due to failure to provide documents does not qualify)
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Divorce**Election Window:**

31 days from loss of eligibility

Who Can Enroll:

- Employee and/or eligible children

Effective Date:

First of the month following loss

Documentation:

- COBRA paperwork OR
 - Divorce decree (relevant pages) + proof of:
 - Date coverage ends
 - Benefits affected
 - Covered individuals
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Death of a Spouse**Election Window:**

31 days from loss of eligibility

Who Can Enroll:

- Employee and/or dependents

Effective Date:

First of the month following loss

Documentation:

- COBRA paperwork OR proof including:
 - Reason (death)
 - Date coverage ends

- Benefits affected
- Covered individuals