

Garland ISD Change Form for Supplemental Benefits

Name: _____ Birth Date: _____ ID#: _____

PRE-TAX DEDUCTED BENEFITS

Effective Date (Office Use Only):

These benefits are subject to IRS section 125 family change rule and have a 31 day enrollment window. Visit the employee benefits center for details, documentation requirements and effective dates. (Use TRS-ActiveCare form for medical plan changes.)

Reason for Change

Add Coverage or Dependents

- Marriage
- Birth or Adoption
- Loss of Eligibility for Other Group Coverage
- Other _____

Drop Coverage or Dependents

- Divorce
- Death of Dependent
- Obtained Other Coverage
- Other _____

Coverage Election

Dental	Hospital Indemnity	Vision	Medical Flex Account (FSA)	Daycare Flex Account (FSA)
<input type="radio"/> HMO <input type="radio"/> PPO-Base <input type="radio"/> PPO-Buy up	<input type="radio"/> Low <input type="radio"/> High <input type="radio"/> Highest			
<input type="checkbox"/> Employee Only	<input type="checkbox"/> Employee Only	<input type="checkbox"/> Employee Only	<input type="checkbox"/> Enrollment	<input type="checkbox"/> Enrollment
<input type="checkbox"/> Employee/Children	<input type="checkbox"/> Employee/Children	<input type="checkbox"/> Employee/Children	<input type="checkbox"/> Change Account	<input type="checkbox"/> Change Account
<input type="checkbox"/> Employee/Spouse	<input type="checkbox"/> Employee/Spouse	<input type="checkbox"/> Employee/Spouse		
<input type="checkbox"/> Employee/Family	<input type="checkbox"/> Employee/Family	<input type="checkbox"/> Employee/Family	\$ _____	\$ _____
<input type="checkbox"/> Cancel	<input type="checkbox"/> Cancel	<input type="checkbox"/> Cancel	Per Plan Year	Per Plan Year

Dependent Information (if applicable)

<input type="checkbox"/> Add	<input type="checkbox"/> Drop	Name: _____	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	SSN: _____	Birth Date: _____	Gender: _____
<input type="checkbox"/> Add	<input type="checkbox"/> Drop	Name: _____	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	SSN: _____	Birth Date: _____	Gender: _____
<input type="checkbox"/> Add	<input type="checkbox"/> Drop	Name: _____	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	SSN: _____	Birth Date: _____	Gender: _____
<input type="checkbox"/> Add	<input type="checkbox"/> Drop	Name: _____	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	SSN: _____	Birth Date: _____	Gender: _____

Post-TAX DEDUCTED BENEFITS

These benefits can be canceled the first of any future month. Visit the Employee Benefits Center for details. Dependents can only be dropped mid-year due to divorce or death. Life insurance can be added mid-year upon birth/adoption, marriage or divorce. Medical Transport can be added with a qualifying event. Contact GISD Benefits for enrollment info.

Disability	Medical Transport	Accident	Critical Illness	TX Life	Voluntary Group Life	iLock
<input type="checkbox"/> Cancel	<input type="checkbox"/> Cancel	<input type="checkbox"/> Cancel	<input type="checkbox"/> Cancel	<input type="checkbox"/> Cancel	<input type="checkbox"/> Cancel	<input type="checkbox"/> Cancel
	<input type="checkbox"/> Drop Spouse	<input type="checkbox"/> Drop Spouse	<input type="checkbox"/> Drop Spouse	<input type="checkbox"/> Drop Spouse	<input type="checkbox"/> Drop Spouse	
	<input type="checkbox"/> Drop Child	<input type="checkbox"/> Drop Child	<input type="checkbox"/> Drop Child	<input type="checkbox"/> Drop Child	<input type="checkbox"/> Drop Child	

HEALTH SAVINGS ACCOUNT (HSA)

HSA contributions are deducted pre-tax but elections can be made any time. You must participate in a high deductible medical plan to participate. If you are enrolling for the first time, a First Financial representative will contact you for required information. Visit the Employee Benefits Center for details.

Enrollment \$ _____ per month
 Change Account \$ _____ per month

Phone Number: _____

AUTHORIZATION

I authorize the necessary payroll deductions for the elections requested above. I understand that if I have elected to enroll in or change a pre-tax deducted benefit, the reason for my change must meet Section 125 Family Status Change requirements. I understand that additional premiums may be deducted from my next paycheck if my enrollment/change was effective in a prior pay period and premiums are owed.

Employee Signature: _____

Date: _____