

# Garland ISD Change Form for Supplemental Benefits

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ 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

HMO  PPO BASE  PPO BUY UP

- Employee Only
- Employee/Children
- Employee/ Spouse
- Employee/Family
- Cancel

Vision

- Employee Only
- Employee/Children
- Employee/ Spouse
- Employee/Family
- Cancel

Medical Flex Account (FSA)

Enrollment Change  
Amount  
\$ \_\_\_\_\_  
Per Plan Year

Daycare Flex Account (FSA)

Enrollment Change  
Amount  
\$ \_\_\_\_\_  
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.

Accident

- Cancel
- Drop Spouse
- Drop Child

Cancer

- Cancel
- Drop Spouse
- Drop Child

Critical Illness

- Cancel
- Drop Spouse
- Drop Child

Disability

- Cancel

Hospital Indemnity

- Cancel
- Drop Spouse
- Drop Child

iLock

- Cancel

Legal

- Cancel
- Drop Family

Medical Transportation

- Cancel
- Drop Spouse
- Drop Child

Telehealth

- Cancel
- Drop Spouse
- Drop Child

Tx Life

- Cancel
- Drop Spouse
- Drop Child

Voluntary Group Life

- Cancel
- Drop Spouse
- 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.

Phone Number: \_\_\_\_\_

Enrollment \$ \_\_\_\_\_ Per Month

Change Amount \$ \_\_\_\_\_ Per Month

**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: \_\_\_\_\_