

HUMBLE ISD STATUS CHANGE REQUEST FORM

A mid-year change to your benefit elections can occur only when an eligible Qualifying Event occurs. To change your benefit elections outside the Annual Open Enrollment you must present proof of a status change to the Benefits Department and sign all forms within 31 days of the Qualifying Event date.

Under the Provisions of the Humble ISD Employee Benefits Plan

I, _____, am requesting a change to my benefits due to the event checked below effective on ____/____/____.

- | | |
|--|--|
| <input type="radio"/> Birth / Adoption | <input type="radio"/> Court Order |
| <input type="radio"/> Marriage | <input type="radio"/> Divorce |
| <input type="radio"/> Loss of Eligibility Status | <input type="radio"/> Death |
| <input type="radio"/> Spouse loss / gain of employment | <input type="radio"/> MEDICARE/ MEDICAID/ CHIP |
| <input type="radio"/> Loss of other coverage | <input type="radio"/> _____ |

Deduction Code	Description	Add	Drop	EO,EC, EF, Spouse Only, Child Only
2105	Health Insurance – COMPLETE TRS FORM	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX
2155	Hospital Indemnity Plan-Gap			
2205	Dental Insurance			
2305	Vision Insurance			
2405	Cancer Insurance			
2455	Critical Illness Plan			
2465	Accident Insurance			
2715	Voluntary Life - Employee			
2716	Voluntary Life - Spouse			
2717	Voluntary Life - Child			
2745	Metlaw- Legal Plan			
2755	Identity Theft Protection			
8805	Disability			
7500	FSA - Healthcare			
7501	FSA - Dependent Care			
7600	Health Savings Account (HSA)			
Dependent	Name	DOB:	Social Security Number:	
Spouse:				
Child:				
Child:				

COBRA COVERAGE FOR INELIGIBLE DEPENDENTS:

Name: _____
 Address: _____
 Social Security Number: ____ - ____ - ____ Date of Birth: ____/____/____

 Employee Signature

____/____/____
 Date Signed