



**CONROE**  
INDEPENDENT  
SCHOOL DISTRICT

1. Any premiums deducted on a pre-tax basis from the employee's paycheck will be "locked in" for the duration of the plan year, which begins September 1 and ends August 31. New enrollments and changes may only be requested during the annual enrollment period in July unless a family status change or other qualified event, as identified by IRC Section 125, occurs such as\*:
  - a. Change in employee's legal marital status (i.e., marriage, divorce, death);
  - b. Change in the number of employee's dependents (i.e., birth, adoption, death,);
  - c. Change in employment status of employee, spouse, or dependent affecting eligibility;
  - d. Dependent satisfies or ceases to satisfy eligibility requirements;
  - e. HIPAA special enrollment rights;
  - f. Judgments, decrees, or orders;
  - g. Medicare or Medicaid entitlement;
  - h. Family Medical Leave Act;
  - i. COBRA qualifying events;
  - j. Cancellation due to reduction in hours of service;
  - k. Cancellation due to enrollment in a Qualified Health Plan;
  - l. Change in coverage under another employer's plan (e.g., open enrollment of spouse's employer); or
  - m. Loss of group health coverage sponsored by a governmental or educational institution.

\* *Please note this is an outline only and does not indicate special facts and circumstances for various events and benefits.*

2. A change of election must be related to the reason for the change.
3. The employee must request a change of election no later than 30 calendar days after the date of the qualifying event. For changes related to Medicaid and CHIP eligibility, the notification period is 60 days. Changes requested after this time frame will not be permitted until the next annual enrollment period.
4. Verifiable documentation of the qualifying event must be provided by the employee to the CISD Benefits Office in order for a request to be processed. For the loss or gain of employment by a spouse or dependent, verification from the other employer must include the following information:
  - a. The effective date of employment or the date employment terminated; and
  - b. The effective date of insurance coverage or the date coverage terminated/will terminate (the type of coverage must be specified).

If verification is provided in the form of a letter, it must contain a signature from an official of the company or the benefits counselor. If verification is provided in an email message, the other employer must send it directly to [benefitsoffice@conroeisd.net](mailto:benefitsoffice@conroeisd.net).

5. Premiums deducted on a post-tax basis may be canceled at any time.
6. Approved change of election requests for enrollment are effective the first day of the month on or following the date all required documents are submitted to the CISD Benefits Office. Approved change of election requests for cancellation of coverage are effective the last day of the month in which all required documents are submitted to the CISD Benefits Office. Be advised that exceptions to the effective date may apply based on the qualifying event.

**Employees must contact the CISD Benefits Office for assistance with a change of election.**