

Desoto Independent School District



- Review benefits.ffga.com/desotoisd before making your benefit selections.
- All employees have 30 days to change benefits upon Qualifying Life Events (from date of event).
- View Life Event Qualifications <https://www.irs.gov/pub/irs-reg/td8878.pdf>.

Section 1 – Employee Information **Print Legibly**

Employer: Desoto ISD	Plan Year:	<input type="checkbox"/> New Hire Enrollment	<input type="checkbox"/> Qualifying Event	<input type="checkbox"/> Termination	<input type="checkbox"/> COBRA
		Termination Date _____	Date of first/last deduction _____	Employee # _____	
Employee Name:		Social Security Number:		Date of Birth:	
Annual Salary:	Gender:	Hire Date:	Payroll Frequency: 12 24	Location Working:	
Mailing Address (Street Apt):			Marital Status:	Occupation:	
City:		State:	Zip Code:	Home Phone Number:	
Work Email:		@desotoisd.org		Year graduated high school:	

Section 2 – Change in Elections due to Life Event

You may make elections changes during the Section 125 Plan Year if you have a qualifying event and you notify the Benefits Department within 30 days of the event. Please complete all information and return this form along with supporting documentation of the Life Event .

Reason for request: Marriage / Divorce Death of a Spouse or Dependent Birth or Adoption of a Child
 Job Status Change for Employee or Spouse Termination/Commencement of Spouse's Employment
 Other (Please Explain): _____ **Effective Date of Change:** ____ / ____ / ____

Section 3 – Family Information **This section must be completed regardless if family members are covered under insurance.**

Dependent Name	Date of Birth	Gender M/F	Disabled Y/N	Spouses Occupation or Full-Time Student	Social Security Number MUST BE PROVIDED DO NOT LEAVE BLANK	Flexible Spending Account Debit Card? (if enrolling) Y/N
Spouse						
Child						
Child						
Child						
Child						
Child						

Section 4 – Beneficiary Information **This section must be completed for group life insurance and other voluntary life insurance.**

Full Name		Date of Birth	Gender M/F	Relationship to Insured	Group Life Voluntary Group Life Texas Life
Primary					
Contingent					

