

Stafford County School Board Flexible Benefits Plan

I would like to change my election to Pre-Tax Benefits because of the following “qualifying event” /change in family circumstance. **(Check one)**: All changes must meet the consistency rule when making an election change to Pre-Tax Benefits which means that the “qualifying event” or change in family circumstance must be “on account of” a gain or loss of eligibility for coverage.

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| <input type="checkbox"/> School Division Open Season (no documentation required) | <input type="checkbox"/> Death of a Child (Copy of death certificate) |
| <input type="checkbox"/> Marriage (Copy of marriage license) | <input type="checkbox"/> Birth of Child (No documentation for biological child, adoption papers for adopted child) |
| <input type="checkbox"/> Divorce (Copy of final divorce decree) | |
| <input type="checkbox"/> Death of a Spouse (Copy of death certificate) | |
| <input type="checkbox"/> Employment of spouse/dependent (Letter from new employer stating when employment begins, what benefits spouse/dependent will have, who will be covered and when benefits will become effective. Letter must be on company letterhead, dated and signed by authorized representative.) | |
| <input type="checkbox"/> Termination of spouse’s employment (Letter from former employer stating when employment ended, what benefits spouse had, who was covered and when benefits terminated. Letter must be on company letterhead, dated and signed by authorized representative.) | |
| <input type="checkbox"/> Change of employment for me or my spouse from full-time to part-time, or vice versa, which affects benefit eligibility (Letter from employer stating when employment status changed, change of benefits eligibility, who was covered and when benefits changed. Letter must be on company letterhead, dated and signed by authorized representative.) | |
| <input type="checkbox"/> Significant change in my or my spouse’s coverage “attributable to” my spouse’s employment (Letter from employer with detailed information regarding the “significant” change in benefits... substantial difference in premium amount or coverage. Letter must be on company letterhead, dated and signed by authorized representative.) | |
| <input type="checkbox"/> Residence (a change in the place of residence of the employee, spouse, or dependent – documentation to show new residence such as bill with name and new address). | |
| <input type="checkbox"/> Dependent satisfies or ceases to satisfy eligibility requirements for coverage on account of attainment of age (Dependents may be covered through Stafford County Public Schools insurance through the end of the month in which they turn age 26). | |
| <input type="checkbox"/> Judgment, decree or court order (Copy of the official document requiring change). | |
| <input type="checkbox"/> Entitlement to Medicare or Medicaid (Copy of official notification of entitlement with signature of authorized representative). | |
| <input type="checkbox"/> Change of status due to spouse’s open enrollment period (Letter/document showing proof of open enrollment dates) | |
| <input type="checkbox"/> Other (please state “qualifying event” and attach document showing proof of the event) | |

Signature: _____ Date: _____

Printed Name: _____

The IRS establishes the guidelines associated with making benefit changes outside of an annual open enrollment period. **Benefit changes outside of open enrollment must be made within 30-days of the date of the “qualifying event”.** Per policy and Reg 4705-R 10- and 11-month employees may not make summer changes after the June 15th payroll deadline **regardless of a “qualifying event”.** See Policy and Regulations for details. The above list of “qualifying events” is not meant to be all inclusive. All changes will be made prospectively with the exception of a new birth or adoption which may be added retroactively if added within 30-days of the birth or the adoption.