

MAKING CHANGES TO BENEFITS

Changing Elections during the Plan Year - September 1st to August 31st

The Richardson ISD benefit plan year for medical, dental & flexible spending is September 1st to August 31st. Richardson ISD participates in the IRC Section 125 Benefit Election Plan that allows employees to pay for eligible benefits on a pre-tax basis. Because of this, there are special rules and requirements for the plan. Any election made as a new hire is irreversible unless you are affected by a **Change in Status**, as defined below, and the District is notified within thirty-one (31) calendar days of the **Change in Status**. All benefit elections will remain in effect during the entire Plan Year unless you have one of the following status changes.

The request will be made effective the first day of the month following the qualified event.

(Please note: an employee cannot elect to drop coverage retroactively; a future cancellation date is required.)

If you do not make changes within the required 31-calendar day period, you must wait until the next open enrollment period to make any changes.

Please include all required documentation with your RISD enrollment form.

Change in Status

You may be allowed to make changes, add or drop coverage during the year. A change in status is a material change in the employee's family member(s) status under which the person has no control that affects medical benefits for which a person is eligible. Under IRC Section 125 federal guidelines, the Federal Government uses examples as:

Status Change	Changes Allowed	Documentation
<i>Change in Employee's Legal Marital Status</i>		
Marriage	Employee may enroll newly eligible spouse and/or dependent children	A copy of the Marriage License
	Employee may drop self and/or dependent children	A copy of the Marriage License and proof of enrollment in another group plan (Names of all persons enrolling and effective date of coverage must be included)
Divorce	Employee may enroll self and eligible dependents	A copy of the Divorce Decree and proof of loss of coverage in another group plan (Names of all persons losing coverage and cancellation date must be included)
	Employee may drop spouse	A copy of the Divorce Decree
<i>Change in the Number of Employee's Dependents</i>		
Birth or Adoption	Employee may enroll newly eligible child and other dependents	Verification of Birth Facts or Hearing Test /Adoption Certificate
	Employee may drop self and dependent children	Verification of Birth Facts/Adoption Certificate and Proof of enrollment in another group plan (Names of all persons enrolling and effective date of coverage must be included)
Death	Employee may drop dependent losing eligibility	Death Certificate or public notice of death
Loss of eligibility	Employee may drop dependent losing eligibility	None (coverage dependent is automatically dropped at age 26)
<i>Change in Employment Status of Spouse or Dependent</i>		
Commencement of Employment by spouse or dependent or other change in employment	Employee may drop self and/or dependents	Proof of employment with date of employment and proof of enrollment in another group plan (Names of all persons enrolling and effective date of coverage must be included) or proof in change of employment status and proof of enrollment in another group plan (Names of all persons enrolling and effective date of coverage must be included)
Termination of Spouse's or Dependent's Employment or other change in employment status	Employee may add self and/or dependents	Proof of termination of employment with date of termination and proof of loss of coverage in another group plan (Names of all persons losing coverage and cancellation date must be included) or proof in change of employment status and proof of loss of coverage in another group plan (Names of all persons losing coverage and cancellation date must be included)
<i>Event Causing Employee or Employee's Dependent to Cease to Satisfy Eligibility Requirements</i>		
Loss of eligibility due to age or plan changes under another group plan	Employee may add self and dependents	Proof of loss of eligibility and proof of loss of coverage in another group plan (Names of all persons losing coverage and cancellation date must be included)
<i>Change in Coverage Under Other Employer Plan</i>		
Open Enrollment Under Other Employer Plan/Different Plan Year	Employee may drop self and dependents	Proof of other Employer's Open Enrollment and proof of enrollment in another group plan (Names of all persons enrolling and effective date of coverage must be included)

*** Important Note:** Enrollment in a private insurance plan is not a qualifying event to drop coverage; Voluntary terminations of other coverage, such as dropping coverage due to premium or benefits changes, including spousal surcharges or coverage restrictions, are not special enrollment events.