



Below are instructions to complete the Benefits Change form.

Step 1: Complete the highlighted fields.

Employee: _____ SS# _____
I wish to (check one): change revoke my previously authorized benefit election under Section 125
due to the following reason(s):

Step 2: Select the box that matches your reason for the change. If your reason is not listed, select the blank box and write the reason for the change. (ie. marriage, divorce, death of a spouse or dependent, birth or adoption of a child, termination/commencement of spouse or dependent’s employment, termination of benefits, etc. If none of the options are listed, please write the reason down in the blank box field. For example, termination/commencement of dependent employment, termination of benefits, HSA, etc.)

REASON FOR CHANGE
(One box from this column must be checked)

<input type="checkbox"/> Marriage	<input type="checkbox"/> Termination / Commencement Spouses’ Employment
<input type="checkbox"/> Divorce	<input type="checkbox"/> Employee or Spouse Taking an Unpaid Leave of Absence
<input type="checkbox"/> Death of Spouse or Dependent	<input type="checkbox"/> _____
<input type="checkbox"/> Birth or Adoption of a Child	

Step 3: Write the date of election. The date of the election is the date the change occurred. Please know you only have 30 days from the date of election to make any changes. (ie. marriage, divorce – “decree”, death of a spouse or dependent, birth or adoption of a child, termination/commencement of spouse or dependent’s employment, termination of benefits, etc.)

Date of Election _____

Step 4: Please indicate the coverage(s) you wish to change only. Employees have the ability to view their benefit elections through [FFenroll](#) and view their plan highlights on our [website](#). In case you forgot your FFenroll Login or pin? We're here to help. Your login is your full social security number (no dashes) and your PIN is the last four digits of your social security number and the last two digits of your birth year. For example, Jane Doe's full social is 123456789 and date of birth is 03.15.1977. Jane's login is 123456789 and pin is 678977. Once you have logged in, you will also be able to see the coverages for which you are currently enrolled.

- a) The **first column** is requesting for coverage type. The coverage types are: employee only, employee + child(ren), employee + spouse, or family. (ie. family)
- b) The **second column** is requesting for the benefit election insurance company's name. (ie. TRS - ActiveCare Select)
- c) The **third column** is requesting for the cost of the previous premium (the current cost of the benefit. (ie. \$567.06)
- d) The **fourth column** is requesting for the new premium cost. Please know there are occasions where the previous premium and new premium cost are the same. (ie. \$567.06)

Coverage Type	Company	Previous Premium	New Premium
		\$	\$
		\$	\$
		\$	\$  

Step 5: Please sign and date.

Signature of Employee: **X** _____ Date: _____

Once complete, return the document to me. If there are any additional questions or concerns, please contact smitha5@georgetownisd.org.



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