

How to Fill Out the Medical Plan Enrollment & Change Form for Employees

PRINT requested information.

If You Are:

- A **new enrollee, complete all sections**. A new enrollee is a new employee or a current employee who is not currently enrolled in an FCPS medical plan. For new employees, medical benefits generally take effect on the **first day of the month** after your hire date or contract date, or on the first day of the month, if that is your date of hire. Benefits take effect on January 1 for current employees who apply during Open Enrollment.
- Currently enrolled in an FCPS medical plan but **switching** to a different FCPS medical plan, **complete all sections**.
- Currently enrolled in an FCPS medical plan but **canceling coverage, complete sections 1 and 5**.
- Currently enrolled in an FCPS medical plan but **changing your information** on file by adding or removing a dependent, **complete all sections, except section 2**.

Please note that you may only:

- **Enroll (unless you are a new employee)**
- **Change plans**
- **Cancel coverage**
- **Add or remove a dependent** during Open Enrollment, which is usually held in the fall. However, if you experience a **qualified status change** any other time during the calendar year, such as a marriage, the birth or adoption of a child, or your spouse or a dependent loses or obtains medical coverage elsewhere, you may make certain changes to your coverage consistent with the event, **within 30 days** of the event. Other than during Open Enrollment, changing plans typically is allowed only when you have moved out of the service area for your plan. You can also call the Human Resources (HR) Client Services Center at 571-423-3000 or 1-800-831-4331 for more information.

➔ Section 1—Your Information

All employees should complete this section. Only new employees need to provide date of hire.

* Providing your Social Security number (SSN) is optional. Failure to provide it may result in processing delays or errors, but will not result in a denial of benefits. The full text of the FCPS SSN privacy notice can be found at www.fcps.k12.va.us/DHR/applicants/disclosures.htm.

➔ Section 2—Elect a Plan

Check one box only.

➔ Section 3—Choose Your Coverage

Check one box only.

➔ Section 4—List Your Dependents

List yourself and any dependents (your spouse and children) you wish to cover or remove. FCPS covers dependents **until age 23** if they are **not married**. A dependent will not have coverage until you provide his or her date of birth. If you have additional dependents to list, attach a separate page with the requested information.

- If you add someone who is **not eligible, you are responsible for claims** paid and **coverage is canceled** back to the effective date of coverage.
- If you list a son or daughter who is **disabled**, you must complete an FCPS *Disability Certification* form, available from the FCPS web site, www.fcps.edu/DHR/employees/benefits/index.htm, or call the HR Client Services Center at or 1-800-831-4331 to request a form.
- **Spouse Rates**—If you and your spouse are FCPS employees, you get a reduction in your health care contribution. These rates are available in the Cost Comparison Guide, on the FCPS web site, or call 571-423-3000 or 1-800-831-4331.
- **Primary Care Physician**—You must list a primary care physician ID **number (not name)** for each family member if you are enrolling in the Carefirst BlueChoice POS plan. You can obtain physician provider lists and ID numbers (not name) through links on the FCPS web site or you can call the medical plans' customer service numbers (also available on the web site at www.fcps.edu/DHR/employees/benefits/index.htm or by calling the HR Client Services Center). You **will not have coverage** in the POS plan until you indicate the primary care physician(s) numbers for you and your dependents.

➔ Section 5—Your Signature and Date

Sign and date your form.

➔ Submit Your Forms

If it is not Open Enrollment and you are making a midyear change, you should also submit the **Documentation for Midyear Benefit Changes** form (and accompanying documentation for your change). Forms are available at www.fcps.edu/DHR/employees/benefits/index.htm, or call 571-423-3000 or 1-800-831-4331 to request forms and other benefit publications. Either fax your form to 571-423-5000, or mail it to the Office of Benefit Services, Department of Human Resources, 8115 Gatehouse Road, Suite 2700, Falls Church VA 22042.