



Documentation for Midyear Benefit Changes

The IRS has very specific rules governing when you change your benefit elections and the required documentation that you should submit when canceling* or adding coverage. You have 30 days from the date of a qualifying event to change your health and /or FSA benefits.* If you miss this deadline, you must wait until Open Enrollment to change your benefits.

For more information, employees should review your FCPS Benefits Handbook and retirees should review your Benefits Briefing newsletter. Or, more information is available at www.irs.gov.

Return this completed form; the appropriate documentation for these events, i.e., birth, adoption, marriage, death certificate; divorce decree, court order; etc.; and the appropriate completed employee medical (HR-120), dental (HR-121), retiree medical (HR-122), or flexible spending account (HR-135) enrollment and change forms to the Office of Benefit Services, Human Resources Center, 8115 Gatehouse Road, Falls Church, VA 22042.**

► Qualifying Event Indicate the qualifying event that will change your benefits coverage and note the required documentation for each event:

FCPS Employees, Retirees, and Dependents	Required Documentation
<input type="radio"/> Birth	Birth certificate or letter of live birth
<input type="radio"/> Placement of a child for adoption	Adoption papers or legal papers indicating placement for adoption
<input type="radio"/> Becoming the legal guardian of a child	Court order
<input type="radio"/> Marriage	Marriage license stating date of marriage
<input type="radio"/> Divorce	Divorce decree with applicable sections
<input type="radio"/> Marriage or divorce of a dependent if he/she is under age 23	Marriage certificate or divorce decree
<input type="radio"/> Death of a spouse or child	Death certificate
<input type="radio"/> Spouse's or other dependent's change in employment status that affects their eligibility for medical and/or dental benefits or their employer's open enrollment	Letter from spouse's or dependent's employer or open enrollment notice, including enrollment dates and effective date
<input type="radio"/> Loss of health care coverage	Letter from Human Resources or insurance plan with date insurance ends
<input type="radio"/> A significant cost change, a significant coverage curtailment, a significant improvement, a new option, or a change in coverage under your, your spouse's, or your dependent's plan	Letter from Human Resources explaining circumstances
<input type="radio"/> A court order requiring you to cover a child or an order requiring someone else to provide coverage to your dependent	Court order
<input type="radio"/> Entitlement or loss of Medicare or Medicaid	Copy of your Medicare card or Medicare/Medicaid letter
<input type="radio"/> Move causes loss of eligibility	Written notice

FCPS Employees

<input type="radio"/> Changing from a full-time position to a less-than-half-time position or a less-than half-time position to a full-time position	Documented internally; complete and submit any change forms to Benefit Services
<input type="radio"/> Beginning or returning from an unpaid leave of absence	Documented internally; complete and submit any change forms to Benefit Services

► Your Information

Employee's (or retiree's) name (last, first, middle initial)

Social Security number **

I certify that the change in my coverage is in accordance with the tax-qualified status change regulations for Section 125 of the Internal Revenue Code and FCPS Regulation 4730.

Employee's (or retiree's) signature

Date

*Retirees may cancel health care coverage at any time, but changes to health care coverage (marriage, divorce, death of a spouse, change in spouse's or dependents insurance, etc.) must be noted on this form and accompanied by the *Retiree Medical Plan Enrollment & Change* form and/or the *Dental Plan Enrollment & Change* form. Changes will not take effect until the first of the month after the Office of Benefit Services receives your form.

** 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.