

Life Events (Family Status Changes)

When Can You Change Your Benefits Coverage?

The benefit choices you make upon initial enrollment and during our annual Open Enrollment period will remain in place until the next Open Enrollment, or when you experience a qualifying life event. Your benefit change must be consistent with your change in family status. These changes include:

- Marriage, divorce, or legal separation;
- Gain or loss of an eligible dependent for reasons such as birth*, adoption, court order, disability, death, reaching the dependent age limit;
- Significant changes in employment or employer-sponsored benefit coverage that affect you or your spouse's benefit eligibility.*
- Loss of other insurance coverage.**
- Loss of coverage due to the exhaustion of another employer's COBRA benefits, provided you were paying for premiums on a timely basis*
- You or your eligible dependent who were enrolled in an HMO no longer live or work in that HMO's service area and no other benefit option is available to you or your eligible
- Dependent benefits are no longer offered by the Plan to a class of individuals that include you or your eligible Dependent
- Termination of your Dependent's **Medicaid or Children's Health Insurance Program (CHIP)** coverage as a result of loss of eligibility (you must contact the Fort Bend ISD Benefits Department *within 60 days of termination*)
- You or your Dependent become eligible for a premium assistance subsidy under Medicaid or CHIP (you must contact the Fort Bend ISD Benefits Department *within 60 days of determination of subsidy eligibility*)

Should one of these events apply to you, it is your responsibility to contact the Benefits Department **within 30 days of the qualifying life event** to request a change. The new benefit elections may start only after your change in status has taken place and the proper paperwork (stating the life event and the date this event will take effect) has been filed with the Benefits Department. **Contact your Benefits Coordinator for the appropriate process to submit the status changes in My Self-Serve Benefits Enrollment** (Any changes you make to your coverage must be consistent with the family status change criteria). Benefits will start at the first of the month following the date of the life event change. ([Benefits Online Enrollment Job Aid](#)).

Otherwise, you will need to wait until the next annual Open Enrollment.

*Coverage for dependent children acquired through birth, adoption, or placement for adoption is effective on the date of the life event, provided you notify the Benefits Department within 30 days of the birth, adoption, or placement. **You must also provide documentation to the Benefits Department and complete online enrollment within 30 days of the life event and enroll the child in My Self-Serve Benefits Enrollment after the change has been approved by your Benefits Coordinator.**

IMPORTANT - Adding Newborns: Deductions for premiums are taken from the 1st available paycheck after you enroll online and will be retroactive to your Benefits eligibility date (newborn's DOB). This means that there may be multiple deductions (for the child's portion of the benefits premiums) from your paychecks after you enroll the baby on your insurance. To avoid extra deductions, please enroll a newborn as soon as possible (for newborns, employees must submit the verification of birth or birth certificate to the Benefits Office within 30 days of the baby's birth in order to enroll the baby online in My Self-Serve).

****An employee/spouse who begins COBRA benefits and then voluntarily drops COBRA coverage cannot come on to the FBISD benefit plans mid-year. You must wait until the FBISD open enrollment period to add benefits.**