

ELIGIBILITY

ELIGIBILITY

WHO IS ELIGIBLE?

All active, full-time employees are eligible for benefits through Fort Bend ISD. Benefits will be effective on the first of the month following their start date. For life and disability coverage, if you are not actively at work on the effective date, your coverage will be delayed until you return to active employment.

WHEN TO ENROLL ONLINE*

Online enrollment must be completed in My Self-Serve within 30 days of your start date, a qualifying life event, or during open enrollment.

WHO ARE ELIGIBLE DEPENDENTS?

You may enroll your eligible dependents in the Medical, Dental, Vision, and Voluntary Life and Accidental Death & Dismemberment (AD&D) Plans. Your eligible dependents include your legal spouse, natural or step-child, adopted child, or a child placed with you for adoption. Your eligible dependents may be enrolled in benefits up to age 26.

HOW TO CONTINUE COVERAGE IF EMPLOYMENT TERMINATES

All of your plans end at the end of the month in which your employment ends. You may continue your life plans by applying within 31 days of your last day of employment. You may continue your Medical, Dental, Vision, and Medical FSA plan for a limited period of time after termination through Federal COBRA continuation.

**Please see page 12 for step-by-step instructions on how to enroll online.*

WHEN TO CHANGE YOUR BENEFITS*

The benefit choices you make upon initial enrollment and during our annual 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
- Termination of your or your Dependent's Medicaid or Children's Health Insurance Program (CHIP) coverage as a result of loss of eligibility (you must contact the FBISD Benefits Department within 60 days of termination)
- You or your Dependent become eligible for Medicare, a premium assistance subsidy under Medicaid or CHIP (you must contact the FBISD Benefits Department within 60 days of determination of eligibility for Medicare and subsidy eligibility)
- Significant changes in employment or employer sponsored benefit coverage that affect you or your spouse's benefit eligibility
- Loss of other insurance coverage (Note: An employee who begins COBRA benefits and then voluntarily drops the COBRA coverage cannot come on to the FBISD benefit plans mid-year. You must wait until the FBISD open enrollment period to add benefits.)

It is your responsibility to contact the FBISD Benefits Department within 30 days of the qualifying event to request a change to your benefits. You must provide the Benefits Department with documentation that states the qualifying event and the date this event has or will occur.

**Please see page 12 for step-by-step instructions on how to enroll online.*



ELIGIBILITY

REQUIRED DOCUMENTS

To enroll your dependents in the benefit plans, you must submit proof of eligibility documents within 14 days of your benefits effective date. Please visit <https://go.benefitsdetails.com/fbisddependentverify> to register and complete the dependent verification process. You should NOT submit original documents or certified copies (which would have a raised seal). Make sure the official seal is visible on all copies. Original documents cannot be returned.

NOTE: The FBISD Dependent Verification System is powered by Apex and Selerix and is available to the District through its relationship with Aflac. Because of this licensing arrangement, you may see Aflac branding within the verification site. This branding is related only to the system’s licensing and is separate from any Aflac insurance coverage you may or may not have.

TYPICAL REQUIRED DOCUMENTS:	
EMPLOYEE RELATIONSHIP:	REQUIRED SUPPORTING DOCUMENTATION:
Legal spouse	Option 1: 2025/2026 Joint Tax Return OR Option 2: Marriage Certificate and two joint financial statements (showing you and your spouse at the same address and dated within 60 days.) If you file married filing separately, send the first page of your and your spouse’s tax return. If you were married within the last 12 months, submit only your marriage certificate. If you do not share finances, please submit your marriage certificate and two financial statements in employee name PLUS two financial statements in spouse name, showing same address and dated within last 60 days.
Common Law Spouse	Texas Issued Declaration of Informal Marriage OR Common Law Affidavit AND two joint financial statements.
Biological/Adopted Child	Option 1: Government issued birth certificate showing employee as parent. Option 2: Verification of Birth Facts
Stepchild	Child’s government-issued birth certificate AND Option 1: 2025/2026 Joint Tax Return OR Option 2: Marriage Certificate and two joint financial statements. If you file married filing separately, send the first page of your and your spouse’s tax return. If you were married within the last 12 months, submit only your marriage certificate.
Child Age 26 or Over/Disabled	Birth certificate of Child
Other Child Relationship	Legal Guardianship or Legal Custody Paperwork

Please redact all financial information, Social Security numbers and account numbers before submitting your documents. Your state may have specific rules governing the photocopying of vital records. In this case, please transfer the vital record information to plain paper and upload documents to the Dependent Eligibility Center.



ELIGIBILITY

HOW TO ENROLL IN YOUR BENEFITS ONLINE THROUGH MY SELF-SERVE

ENROLL ON MY SELF-SERVE VIA PEOPLESOFT:

Self-Serve – Enroll online at www.fortbendisd.com.

1

Go to www.fortbendisd.com, and click on the “Staff” tab.

2

Log in to office 365 by entering in your firstname.lastname@fortbendisd.gov and your password. If you need to reset your password, call the Fort Bend ISD Customer Service Center at 281.634.1300.

3

Click Staff Links > My Self-Serve > Sign in to PeopleSoft. Your user ID should be firstname.lastname and enter your password.

4

Click Benefit Details > Benefits Enrollment > click “Select” (next of your job title) **You must select every edit button and waive the benefits you don’t wish to elect.**

5

Make benefit elections by clicking Edit > Update and Continue.

6

Click Update Elections to confirm your benefit elections.

7

When finished with enrollment click Submit on BOTH the Benefit Elections Page and the Submit Benefit Choices Page.

8

Click view, then print to print your Benefits Summary for your records. Disable your popup blocker to allow the pdf to appear.

Benefits Enrollment

The Information icon provides you with additional information about your enrollment. The Select button next to an event means it is currently open for enrollment.

Event Description T1	Event Date T1	Event Status T1	Job Title T1
New Hire	07/27/2026	Open	TEACHER

Your Benefit Events

Event Description T1	Event Date T1	Event Status T1	Job Title T1
New Hire	07/27/2026	Open	TEACHER

Benefits Enrollment Summary

Your Pay Period Cost: \$0.00 Full Cost: \$0.00

Status: Pending Review

Plan Type	Current	New	Dependents or Beneficiaries	Pay Period Cost	Status	Actions
Medical	No Coverage	None	0 Dependents	\$0.00	Pending Review	View
Dental	No Coverage	None	0 Dependents	\$0.00	Pending Review	View
Vision	No Coverage	None	0 Dependents	\$0.00	Pending Review	View
Accident	No Coverage	None	0 Dependents	\$0.00	Pending Review	View
Life Insurance	No Coverage	None	0 Dependents	\$0.00	Pending Review	View
Disability	No Coverage	None	0 Dependents	\$0.00	Pending Review	View
Health Savings	No Coverage	None	0 Dependents	\$0.00	Pending Review	View
Long-Term Care	No Coverage	None	0 Dependents	\$0.00	Pending Review	View
Education Foundation Contribution	No Coverage	None	0 Dependents	\$0.00	Pending Review	View
Life	No Coverage	Basic Life \$25,000	0 Beneficiaries	\$0.00	Pending Review	View
Supplemental Life & AD&D - EL	No Coverage	None	0 Beneficiaries	\$0.00	Pending Review	View
AD and D	No Coverage	Basic AD&D \$25,000	0 Beneficiaries	\$0.00	Pending Review	View
Supplemental Life and AD&D - SP	No Coverage	None	0 Beneficiaries	\$0.00	Pending Review	View