

Chesapeake Public Schools
Pretax Plan Change Request
(changes outside of open enrollment)

This request must be submitted with completed forms and documentation to the Financial Services Office at SAB.

NAME: _____ SSN: _____

ADDRESS: _____

CELL PHONE: _____ BUILDING/DEPT ASSIGNMENT: _____

Under current Internal Revenue Service regulations, once enrolled in the Pretax Premium Plan, you **cannot change** your medical and/or dental choices until the next open enrollment period unless you have a change in **"family status"**. **"Family status"** changes include marriage, divorce, or birth, adoption or maturity of a child. Other changes may include a spouse or child losing or gaining insurance or employment. Any changes made to coverage **must be made within 31 calendar days** of the qualifying **"family status"** change. **It is the responsibility of the employee to provide proof of a family status change and contact the Financial Services Department within the 31 calendar days from the date of the family status change.**

I request a change due to the following change in family status:

- | | |
|---|--|
| <input type="checkbox"/> Birth or adoption of a child | <input type="checkbox"/> Maturity of a child |
| <input type="checkbox"/> Marriage | <input type="checkbox"/> Divorce |
| <input type="checkbox"/> Spouse or child loss/gain of insurance | <input type="checkbox"/> Spouse or child loss/gain of employment |
| <input type="checkbox"/> Death of covered family member | <input type="checkbox"/> Other (explain) _____ |

Date of change in family status: _____

I request a change to: Medical Dental

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Effective Date: _____

- Approved Disapproved as an eligible change in family status

Authorized Signature: _____