



**Beneflex Insurance Enrollment & Change Form 2024**

Risk Management & Insurance  
 301 4<sup>th</sup> St. SW, Largo, FL 33770  
 (727) 588-6197 Fax (727) 588-6182

New Hire	<b>REQUIRED SUPPORTING DOCUMENTATION</b> (If you are enrolling members in insurance coverage)
Spouse	<b>COPY of marriage certificate or the first page of your most recent tax return with your spouse's name.</b>
Child(ren) Disabled Child(ren)	<b>COPY of birth certificate or adoption documentation. Court ordered legal custody documentation.</b> <b>COPY of birth certificate AND COPY of most recent tax return confirming child is your dependent.</b>

If you are a new hire, you must complete this form and submit within 31 days of your hire date. If you are experiencing an IRS recognized family status change, you must complete this form and submit within 31 days of the life event. Changes are effective the first of the month following event date and receipt of application, unless otherwise stated.

<b>FAMILY STATUS CHANGE LIFE EVENT</b>	<b>REQUIRED SUPPORTING DOCUMENTATION – Contact Risk Management if you are unable to provide documentation with application submission. Birth certificates for newborns may be sent after enrollment &amp; change form is received, if unavailable at time of submission.</b>
Marriage	<b>COPY of Marriage certificate</b>
Birth/Adoption	<b>COPY of Birth Certificate(s) or adoption documentation or Court ordered Legal Custody documentation</b>
Divorce	<b>COPY of first and last page of final divorce decree</b>
Loss of Coverage	<b>Documentation from employer or insurance provider indicating WHO lost coverage, WHEN coverage ended and WHY coverage ended. Loss of coverage must be because you are no longer eligible versus voluntary cancellation of coverage or for non payment.</b>
Obtained Coverage	<b>Documentation that you or your dependent has obtained other coverage.</b> <b>Documentation should include WHO has obtained coverage and the effective date of coverage.</b>
Other	<b>Please contact Risk Management for required documentation.</b>

Annual Enrollment	
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<b>BENEFICIARY CHANGE ONLY</b>	<b>Complete Top Employee Information section, Life Insurance Beneficiary section, and Signature with Date.</b>
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Interactive Form available online at <http://www.pcsb.org/> Go to Central Printing Services, PCS Form number 3-2247-C24



**BENEFICIARY INFORMATION**  
**Board paid Life Insurance and AD & D Beneficiary(ies) - Required Information**

Name \_\_\_\_\_ SSN Last 4 Digits \_\_\_\_\_

Your **primary beneficiary** is first in line to receive your death benefit. If the **primary beneficiary** dies before you, a **secondary or contingent beneficiary** is the next in line. Percentages must equal 100%.

**PRIMARY**

BENEFICIARY NAME	RELATIONSHIP	ADDRESS	BIRTHDATE	*%

\* Total Must Equal 100%

**SECONDARY (optional)**

BENEFICIARY NAME	RELATIONSHIP	ADDRESS	BIRTHDATE	*%

\* Total Must Equal 100%

Signature \_\_\_\_\_ Date \_\_\_\_\_

Note: The above Life Insurance Beneficiary(ies) will also serve as beneficiary to any funds [vacation pay-out, sick time, if applicable] deposited to a PCS Special Pay plan upon your retirement or separation if you do not have a living spouse and have not designated a primary beneficiary. If you wish to name a separate beneficiary, you may contact our Retirement Team at 588-6214.

**PATIENT PROTECTION AND AFFORDABLE CARE ACT INFORMATION**

Starting in 2019, most Americans are no longer required to purchase health insurance coverage or pay a penalty. However, whether you are eligible for a premium subsidy depends on the plan offered by your employer. The medical plan offered by PCS does meet the affordability and coverage requirements.

If you are offered health coverage through PCS, you will not be eligible for a premium subsidy through the Federal Marketplace.

- If you receive a premium subsidy, and you are insurance benefits eligible you may be responsible to pay the premium subsidy back to the IRS.
- If you cannot afford to enroll your spouse and/or child(ren) in a PCS medical plan, there may be cost-effective options through the Marketplace and/or Florida KidCare. If you choose to opt out of PCS coverage and buy insurance in the Marketplace you will:
  - o Not receive a contribution from PCS towards the cost of your Marketplace coverage
  - o Not be eligible for a government premium subsidy to help pay for your Marketplace coverage
  - o If you receive a premium subsidy, and you are insurance benefit eligible you may be responsible to pay the premium subsidy back to the IRS

**REFUSAL OF HEALTH COVERAGE**

I acknowledge that I have been offered the opportunity to purchase affordable and comprehensive health coverage from Pinellas County Schools for myself and my eligible dependents.

- I do not wish to enroll myself or any dependents in medical coverage at this time.
- I understand that I will not be able to enroll in coverage or make changes to my election until the next annual enrollment period, or within 31 days of a qualified change in status (loss of group coverage, marriage, divorce, birth of a child, adoption of a child). I understand that I must notify Risk Management & Insurance in writing within 31 days of the qualified change in status (life event).

\_\_\_\_\_  
 Signature Date

## Dependent Verification

If you are requesting enrollment of a spouse or dependent child, please **confirm that all of your dependents meet the eligibility requirements and provide us their social security numbers.** This is required to comply with Centers for Medicare and Medicaid Services (CMS) Medicare Secondary Payer program.

### MEDICAL, DENTAL, VISION COVERAGE

#### Eligible dependents include :

- Your **legally married** spouse
- Your natural born child, step-child, foster child, legally adopted child, child placed in your custody for adoption, or child for whom you have been appointed permanent legal guardian, whose age is less than the limiting age.
- A newborn child of a covered dependent may be covered while the parent is an eligible dependent under the plan up to the limiting age of 18 months. Grandchildren may also be covered if he or she is dependent upon you for support and you have court-ordered "legal custody" - Documentation will be required.

#### Age Limits:

- For medical, dental, and vision coverage, your eligible children may be covered up to the end of the calendar year in which they attain **age 26**. No additional dependent financial or student status is required.
- Handicapped children may be covered beyond limiting age, if proof of handicapped status is provided to Risk Management within 31 days of the limiting age. See Beneflex guide for full details.
- Children for whom you had permanent legal guardianship or foster children - typically once they turn 18 are no longer eligible.

### LIFE INSURANCE COVERAGE

#### Eligible dependents include :

- Your legally married spouse, up to age 70
- Dependent children include your **unmarried** natural born child, step-child, foster child, legally adopted child, child proposed for adoption, or child for whom you have been appointed legal guardian, whose age is less than the limiting age. Your eligible dependent will be covered to the end of the calendar year in which he or she turned 26.
- Grandchildren may only be covered if you have court-ordered "legal custody."

**Please verify whether you have read and understand the dependent eligibility criteria above. If a dependent is listed that does not meet this criteria, you may be responsible for reimbursing the insurance carrier for all claims and repaying the district for its premium contribution for up to 12 months. Enrolling dependents who are not eligible under PCS plans, may also subject you to disciplinary action. In addition to our internal policies, the Florida Department of Financial Services views this activity as fraud and considers it prosecutable under the law.**

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Print Name

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Date

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Signature

**Return form(s) within 31 days of your hire date or family status change to:**

PCS Risk Management & Insurance  
Fax (727) 588-6182

Please keep a copy for your records.