



## Insurance Department Employee Benefits

(Revised 05/01/2018)

If you have experience a qualified life event, you must make the change or enrollment on the TCG Online Benefit Enrollment System **NO LATER THAN 31 DAYS** from the qualified event. All changes, as well as the required documentation, **MUST** be submitted online within 31 days of the event. If you're in doubt or not sure what items are needed, please contact your benefits specialist for assistance.

Employees whose last name begins with A – K, may call Laura Unger at (281) 897-4138.  
Employees whose last name begins with L – Z, may call Robin Rubalcava at (281) 897-4747.

**TCG Online Benefit Enrollment System:** <http://BenefitSolver.TCGServices.com>

You may also access the TCG Online Benefit Enrollment Systems from the Cypress-Fairbanks ISD website. Please go to: <http://www.cfid.net> and then select Staff/ HR/ Insurance.

Once you have logged onto the benefit system, you will initiate your life change.

- Select the **Green** "Start Here" button to begin.
- Choose the Life Event that pertains to your change.
- Make sure that at the end you click **AGREE** and **APPROVE**. If you fail to do this, your change will stay in a "in progress" status.

After you have finished selecting or changing your benefits, you will then need to provide the required proof for the mid-year change. You will receive an automated email from the TCG Benefit System directing you to the "Message Center" in the system. The Message Center will have a notification where you will upload your documentation. Examples of the documentation needed are on the following pages.

**\*\*\* Please remember you MUST make your selections AND upload the documentation for the Insurance Department to review your change for final approval within 31 days of the event.**



### **TERMINATION OF COVERAGE NOTICE:**

TRS-ActiveCare plans through AETNA, Scott & White, and FirstCare **will not permit retroactive termination dates**. Although you have 31 days from the qualifying event to present your change and documents, all terminations will be effective on the last day of the month **following the Insurance Department's receipt of your documentation**.

### **MEDICAL INSURANCE ENROLLMENT NOTICE:**

If you are enrolling in TRS-ActiveCare medical insurance because you have recently lost coverage through another plan, you must submit the following within 31 days of your loss of coverage:

HIPPA Certificate of Creditable Coverage (COCC)- Which is required to be sent to you by your former insurer within 15 days of your termination of coverage. The certificate must also include the enrollment history of all your dependents for whom you are requesting coverage. We cannot process your enrollment without receipt of you and your dependents' COCCs. You may also submit a cobra packet or letter from the previous company on their letterhead in lieu of a COCC. These documents must list your previous benefit plans and the dependents covered.

### **DENTAL AND VISION and Other Optional Insurance Plan Changes:**

You must change your dental and vision on the TCG Online Benefits Enrollment System. Making a change to your **MEDICAL INSURANCE** coverage **DOES NOT AUTOMATICALLY** authorize a corresponding change to your other optional benefits. The effective date of change in coverage will be the first or last day of the month following the Insurance Department's receipt of your change and required documents in the TCG Online Benefits Enrollment System.

### **SPOUSE ANNUAL OPEN ENROLLMENT**

Your spouse's annual enrollment is a qualified event for you to make election changes to your CFISD benefits. You will be able to enroll in the district's plan mid-year if your spouse's plan declares you ineligible for their plan because you are a working spouse with coverage available through your employer.

## **DOCUMENTATION REQUIRED FOR THE QUALIFYING EVENT THAT MUST BE SUBMITTED**

**Job Change** If loss of coverage is due to losing a job, we will need a **COCC (Certificate of Creditable Coverage)** from the prior insurance company, Cobra packet, or letter from the previous company on their letterhead. If you have started a new job, we will need either a confirmation summary of benefits you have enrolled in from the new employer or a **COCC** from the new insurance company.

**NOTE:** You will only be allowed to insure person(s) previously covered by the other insurance who have lost their coverage due to the job change. You cannot add additional dependents until our Annual Enrollment Period, which currently takes place during the summer months with a September 1<sup>st</sup> effective date.

**Effective Date:** The first day of the month following the coverage termination date indicated on the required letter or **COCC**.

**Termination Date:** The last day of the month following the Insurance Department's receipt of your change and qualifying event documentation.

**Birth** **Effective 9/1/2016** – Under the TRS-ActiveCare guidelines, the employee has 31 days from the newborn's date of birth to enroll the newborn for coverage.

**Failure to do so will result in your newborn not having coverage.**

Documentation required:

1. A copy of the child's birth certificate or
2. A completed copy of the "unofficial" birth record with the footprints from the hospital, **signed by a hospital official or physician** or
3. A copy of the "Verification of Birth Facts" sheet **signed or initialed by a hospital representative** is sufficient, as long as it includes the baby's name, parents' names, and date of birth.

**Effective Date of Coverage:** Retroactive to the date of birth. Premiums are billed from the first of the month following the newborn's birth.

The spouse and other eligible dependents can only be added within 31 days from the newborn's date of birth, retroactively to the date of birth. Premiums are billed for the whole month in which coverage becomes effective; premiums are not prorated.

**NOTE:** We will also need your newborn's Social Security Number.

<b>Adoption or Foster Care Placement</b>	<p>A signed copy of the “placement authorization” from the adoption agency, Child Protective Services, or the court.</p> <p><b>NOTE:</b> We will also need the child’s Social Security Number. If you have received it by the time of enrollment, please forward a copy of the child’s Social card to the Insurance Department as soon as possible.</p> <p><b>Effective Date:</b> Retroactive to the date of the child’s placement in the employee’s home.</p>
<b>Marriage</b>	<p><b>To add a new spouse and/or newly acquired stepchildren:</b> Either a copy of the marriage certificate or a copy of the signed marriage license. A letter or church sacramental certificate signed by the wedding official can also be used for documentation.</p> <p><b>Effective Date:</b> The first day of the month following the date of marriage.</p> <p><b>To terminate your own coverage:</b> Same as above PLUS documentation (confirmation summary) from your new spouse’s plan (medical, dental, or vision) that you have been enrolled, a <b>COCC</b> from the new Insurance company, or a letter from the company on their letterhead.</p> <p><b>Termination Date:</b> The last day of the month following the Insurance Department’s receipt of your change and qualifying event documentation.</p>
<b>Divorce</b>	<p><b>To terminate your former spouse/stepchildren coverage:</b> Copy of the first page and Judge’s signature page of your <u>certified divorce decree signed by the judge</u>. Please make sure the divorce decree has verbiage that you are no longer responsible for the stepchildren’s benefits or you must provide proof of coverage the stepchildren have acquired benefits elsewhere.</p> <p><b>Termination Date:</b> Last day of the month the divorce is final.</p> <p><b>NOTE:</b> Do not wait for a copy from your attorney’s office. You have only 31 days from the date of your divorce to make your changes. You are advised to purchase a certified copy of your decree from the courthouse as soon as it is available (usually 1-2 weeks after your court date). <i>Please provide your former spouse’s current address. We are required by law to send him/her a COBRA extension of coverage notice and his or her HIPAA Certificate of Creditable Coverage.</i></p> <p><b>To enroll in coverage:</b> Same as above <b>PLUS</b> letter from your former spouse’s company showing termination due to divorce, a Cobra packet, or a HIPAA Certificate of Creditable Coverage they are required to send to you within 15 days of your termination of coverage.</p> <p><b>Effective Date:</b> The first day of the month following the date your former spouse’s plan terminated your coverage because of the divorce.</p>

**Death**

**To terminate the deceased's coverage:** Either a copy of the death certificate or the obituary.

**Termination Date:** The last day of the month following the death. Do not delay in removing a deceased dependent from your plan. All claims incurred by the dependent will be paid based on the date the medical services were received; not when the claim is presented to the insurance company for payment.

**To Enroll in coverage:** Same as above **PLUS** letter from spouse's company, a Cobra packet, or a COCC that your deceased spouse's plan has terminated your coverage because of his/her death.

**Effective Date:** The first day of the month following the date your spouse's plan terminated your coverage because of his/her death.

**Age  
Ineligibility**

**Effective on the dependent child's 26<sup>th</sup> birthday:** Cy-Fair ISD automatically terminates all coverage for dependents reaching their 26th birthday. *Please provide the terminated dependent's current address under the dependent screen in our TCG Online Benefits Enrollment System. We are required to send him/her a COBRA extension of coverage notice and his or her HIPAA Certificate of Creditable Coverage.*

**To enroll in coverage:** Enroll on the TCG Online Benefit Enrollment System and submit a **COCC (Certificate of Creditable Coverage)** from your former insurance company, letter from the company on their letterhead, or a Cobra packet along with a copy of your driver's license.

**Effective Date:** The first day of the month following your loss of coverage.

**Termination Date:** The last day of the month following the dependent's 26<sup>th</sup> birthday.

Once you make your changes on the TCG Online Benefit Enrollment System, please make sure you upload the following:

Required Documentation of Qualifying Event  
HIPAA **COCC (Certificate of Creditable Coverage)**

**A Mid-Year Qualified Event Change will NOT be approved without receipt of documentation within the 31 days from the life event.**