







# 2021-2022 Insurance Change Form

**Coverage** (Please mark the Plan and Coverage Level you are electing as a result of this Qualifying Life Event)

**MEDICAL PLAN**

ActiveCare PRIMARY   
  ActiveCare HD   
  ActiveCare PRIMARY +   
  Scott & White HMO   
  ActiveCare 2  
(can only be elected if previously enrolled prior to 9/1/2020)

Coverage Level:   
 Waive   
 Employee Only   
 Employee + Spouse   
 Employee + Child(ren)   
 Family

**WELLNESS PROGRAM**

YES                                       NO

**TELE-HEALTH**

Plan:     MDLive

Coverage Level:   
 Waive   
 Employee Only                     
 Employee + Spouse   
 Employee + Child(ren)                     
 Family

**HOSPITAL INDEMNITY**

Plan:     Hospital Indemnity

Coverage Level:   
 Waive   
 Employee Only                     
 Employee + Spouse   
 Employee + Child(ren)                     
 Family

**DENTAL**

Plan:     High PPO                                     
 Low PPO                                     
 DHMO

Coverage Level:   
 Waive   
 Employee Only                     
 Employee + Spouse   
 Employee + Child(ren)                     
 Family

**VISION**

Plan:     Davis Vision

Coverage Level:   
 Waive   
 Employee Only                     
 Employee + Spouse   
 Employee + Child(ren)                     
 Family

**CANCER**

Plan:     High Option Basic Plan   
 High Option + ICU Rider   
 Low Option Basic Plan   
 Low Option + ICU Rider

Coverage Level:   
 Waive   
 Employee Only                     
 Employee + Spouse   
 Employee + Child(ren)                     
 Family

**IDENTITY THEFT PROTECTION**

Plan:     1 Bureau

Coverage Level:   
 Waive   
 Employee Only                     
 Employee + Spouse   
 Employee + Child(ren)                     
 Family

**LEGAL SERVICES**

Plan:     Metlaw Legal Plan

Coverage Level:   
 Waive   
 Employee Only                     
 Employee + Spouse   
 Employee + Child(ren)                     
 Family

**DISABILITY**

Waiting Period:   
 Waive   
 14 Day   
 30 Day   
 60 Day                     
 90 Day

Coverage Level:   
 30% of Salary   
 40% of Salary   
 50% of Salary   
 60% of Salary

**GROUP LIFE - EMPLOYEE**

Coverage Level:     Waive     (Can elect in increments of \$10,000 up to maximum of 7 x's salary or \$500,000)

**GROUP LIFE - SPOUSE**

Coverage Level:     Waive     (Can elect in increments of \$5,000 up to maximum of \$100,000)

**GROUP LIFE - CHILD**

Coverage Level:     Waive     (Can elect in increments of \$1,000 up to maximum of \$10,000)

**ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)**

EMPLOYEE Coverage Level:     Can elect in increments of \$10,000 up to maximum of 10 x's salary or \$500,000  
 Waive

FAMILY Coverage Level:     Can elect in increments of \$10,000 up to maximum of 10 x's salary or \$500,000  
 Waive



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**HEALTHCARE SAVINGS ACCOUNT (HSA)**Coverage Level:  Waive

(Can elect a minimum \$25.00 monthly amount up to a maximum \$295.83 individual monthly amount or a maximum \$591.67 family monthly amount)

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**MEDICAL REIMBURSEMENT ACCOUNT (FSA)**Coverage Level:  Waive

(Can elect a minimum \$25.00 monthly amount up to a maximum \$229.17 individual monthly amount or a maximum \$458.33 family monthly amount)

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**DEPENDENT CARE REIMBURSEMENT ACCOUNT**Coverage Level:  Waive

(Can elect a minimum \$25.00 monthly amount up to a maximum \$416.67 monthly amount)

Employee Name

Employee ID

Employee Signature

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Date

Please return completed form, along with appropriate proof documentation to:

[HRbenefits@aisd.net](mailto:HRbenefits@aisd.net) or 682-867-4651 (fax)

