CHRISTINA SCHOOL DISTRICT

Together, Educating Every Student for Excellence

Effective Date: (For office use Only)

Benefit Enrollment and Change Form

This form MUST be completed, signed, dated, and returned within 30 days. If no election is made, benefits will be WAIVED.

Employee Name	Employee ID#	Social Security #	Date of Birth

Phone #	Street Address	City, State Zip

Email Address (Print Clearly)	

SPOUSAL COORDINATION OF BENEFITS FOR HEALTH COVERAGE

Is your spouse a **STATE OF DELAWARE** Employee or Pensioner? (If **yes**, complete)

Spouse's Name: _____ Spouse's SSN: _____

Agency Name: _____ Spouse's Birth Date: _____

COVERAGE ELECTION EVENT (Circle One)

ADD COVERAGE	New Hire	Marriage	Birth/Adoption/ Guardian	Change in Employment
DROP COVERAGE	Divorce	Change in Employment	Death	*Other(Explain Below)

*

HEALTH INSURANCE				
Circle Plan Type	Highmark DE **Comprehensive** PPO	Aetna **HMO**	Aetna **CDH Gold**	Highmark DE **First State Basic**
Circle Coverage Type	Employee	Employee & Spouse	Employee & Child(ren)	Family
☐ **DECLINE MEDICAL COVERAGE**				

DENTAL INSURANCE				
Circle Plan Type	Plan A	Plan B		
Circle Coverage Type	Employee	Employee & Spouse	Employee & Child(ren)	Family
☐ **DECLINE DENTAL COVERAGE**				

VISION INSURANCE				
Circle Coverage Type	Employee	Employee & Spouse	Employee & Child(ren)	Family
☐ **DECLINE VISION COVERAGE**				

District Life/AD&D Insurance (Circle One)	
Enroll	Decline Coverage

LTD Supplemental Disability (Circle One)	
Enroll	Decline Coverage

Please Scan and Email your benefit packet with supporting documents to your Benefit Representative:

Anne Hardesty (Last Name A-K): Anne.Hardesty@Christina.k12.de.us

Tirzha Brown (Last Name L-Z): Tirzha.Brown@Christina.k12.de.us

Carol Quinn (Administrators): Carol.Quinn@Christina.k12.de.us

Over--->

If enrolling in the Aetna HMO Medical Plan, include the Primary Care Physician's ID number for yourself and each covered family member.

Search for the PCP ID# at this website: https://dhr.delaware.gov/benefits/medical/aetna/doc-find.shtml

Dependent Information

Dependent Name(s)	A-Add, D-Drop	Social Security #	Birth Date	M-Medical, D-Dental, V-Vision (Place "X" in box)			Relationship Sp-Spouse D-Daughter S-Son	PCP ID# (Aetna HMO Only)
				M	D	V		

Dependents Age Out - End of the month that age 26 is reached

IF ADDING A SPOUSE, PROVIDE A COPY OF YOUR MARRIAGE CERTIFICATE/CIVIL UNION CERTIFICATE AND A LEGIBLE COPY OF THE SPOUSE'S SOCIAL SECURITY CARD.

If adding a spouse to Medical, employee must read the Spousal Coordination of Benefits policy and submit an online Spousal Coordination of Benefits form as outlined in your packet on the Coordination of Benefits Information Sheet.

IF ADDING A DEPENDENT CHILD(REN), PROVIDE A COPY OF THE BIRTH CERTIFICATE AND A LEGIBLE COPY OF THE SOCIAL SECURITY CARD FOR EACH DEPENDENT.

If covering a Dependent Child (to age 26), employee must read the Dependent Coordination of Benefits Policy and submit a Dependent Coordination of Benefits form (if applicable) as outlined in your packet on the Coordination of Benefits Information

CERTIFICATION (must sign and date)

By my signature below, I hereby certify that the benefit elections I have made on this form are the benefit elections I have chosen, and that I have completed the required forms necessary to enroll. I understand that by completing and signing the required forms, I am making a binding election regarding my benefits for the current plan year unless I have a permissible status change as defined by the Internal Revenue Service or I terminate my employment with the State of Delaware. I understand and agree my regular pay will be reduced by the required contribution amount for the benefit options I have elected. I understand if employment ends I am eligible to continue District Life Insurance by contacting the insurance carrier within 30 days of termination date for conversion to an individual coverage.

Employee Signature: _____ Date _____

Additional Information: www.schooldistrictbenefits.com/christina

Questions: CSDPayrollBenefits@christina.k12.de.us