Los Angeles Unified School District
Benefits Administration
REQUEST FOR CHANGE OF DEPENDENT STATUS - RETIREES

Employee Number	Last Name	First Name		M.I.
Address	**City**	**State**	**Zip Code**	**Phone Number**

Social Security Number	☐ Male ☐ Female	*Do Not Write In Shaded Boxes*	**Eff. Date**	**Process Date**	**Initial**

HEALTH PLANS ***(Please check the plans you are currently enrolled.)***

MEDICAL

☐ Anthem Blue Cross Select HMO ☐ Health Net HMO ☐ Kaiser Permanente HMO
☐ Anthem Blue Cross EPO ☐ Health Net Seniority Plus ☐ Kaiser Senior Advantage
☐ Anthem Medicare Preferred (PPO) Medical Plan* ☐ No Medical Coverage

DENTAL

☐ United Concordia Dental PPO ☐ DeltaCare® USA DHMO
☐ Western Dental DHMO Centers Only ☐ Western Dental DHMO Plan Plus ☐ No Dental Coverage

VISION

☐ EyeMed Vision Care ☐ VSP® Vision Care ☐ No Vision Coverage

DEPENDENT INFORMATION: Social Security number is mandatory for all dependents. (Attach additional pages if necessary)
Note: If you have a dependent between ages 19-25, please contact Benefits Administration for eligibility requirements

Action	SSN	Last Name	First Name	MI	Relationship	Date of Birth	Sex	Eff. Date
☐ Add ☐ Delete					☐ Spouse ☐ Domestic Partner		☐ M ☐ F	
Reason:				Date:				
☐ Add ☐ Delete					(Son, Daughter, etc.)		☐ M ☐ F	
Reason:				Date:				

MEDICARE INFORMATION (Mandatory if you and/or your spouse/domestic partner is age 65 or older)

Participant	Medicare Claim Number	Medicare A (Hospital) Effective Date	Medicare B (Medical) Effective Date
Spouse / Domestic Partner			

* Retiree and/or their dependent must be over 65 and enrolled in Medicare Parts A and B. If dependent is under 65 or over 65 with Medicare B only, they will be enrolled in Anthem Blue Cross EPO.

April 20, 2020

NOTE: Coverage for eligible dependent(s) will begin effective the first day of the following month in which the form and required documentation are received. This application will not be accepted without documentation to verify dependent status.

Internal Use

SEE NEXT PAGE TO DETERMINE DOCUMENTS NEEDED

Social Security number is mandatory for all dependents. Newborn: Social Security # is required within 2 months.

Is your spouse/domestic partner a LAUSD employee? ☐Yes ☐No Employee #_____

THIS FORM WILL NOT BE PROCESSED UNLESS SIGNED AND DATED

I understand this election will remain in effect as long as I remain eligible, or until I make another election during an annual enrollment period. I hereby authorize any insurance company, organization, employer, hospital, physician, surgeon, or pharmacist to release any information requested to pay any claim under the plan selected. I want to enroll myself and those eligible members of my family listed above for participation in the plans elected. I understand that I am responsible for notifying the District of any change in the eligibility of my dependents and am responsible for premiums and claims incurred on behalf of ineligible dependents. I also understand that I must abide by the provisions of the plan in which I enroll and that any controversy between any HMO plan member and such HMO (including its agents, staff physicians, employees and providers) is subject to binding arbitration. I certify under penalty of perjury that the above information is true and is accurate to the best of my knowledge and belief.

Applicant's Signature		Date:

Instructions

In order to assist the District in ensuring that your eligible dependents are properly enrolled under your District-sponsored plan, please read and follow the instructions below.

- **Complete this form, being sure to list <u>all</u> dependents you wish to enroll. If necessary, attach an additional sheet of paper to the form.**
  a. List birthdays and Social Security numbers for all dependents. Social Security numbers are mandatory. Social Security numbers for newborns must be provided within two (2) months.
  b. If your spouse/domestic partner is also a District employee/retiree, please list his or her employee number.

- **Provide verification of dependent status for dependents as follows:**
  a. **Spouse** - attach a copy of your registered marriage certificate issued by the state. For new spouses, if a registered marriage certificate is received within 45 days of the marriage date, spouse will be covered effective the date of the marriage.
  b. **Domestic Partner** - complete Declaration of Domestic Partnership form (available from Benefits Administration) and submit the required documentation as outlined in Section II of the Declaration form or submit a copy of your registration with the State. If all of the required documentation is received by Benefits Administration by the 10th of the month, coverage will be effective the first of the following month.
  c. **Natural children** - attach a copy of official birth certificate for each child. For newborns, if verification of birth is received within 30 days of birth (complimentary hospital birth certificate is acceptable), the newborn will be covered back to date of birth. If submitted more than 30 days but less than 5 months, the newborn will be covered on the first of the month after the verification was received. After a child is 5 months, an official birth certificate is required.
  d. **Stepchildren** - for each child, attach a copy of the birth certificate and a copy of your registered marriage certificate (issued by the state), and a copy of your latest income tax return showing the child's dependent status.
  e. **Guardianship/Adopted children** - attach a copy of the document verifying legal custody. If you submit verification of guardianship/adoption within 30 days of the guardianship/adoption, coverage will begin on the date of guardianship/adoption. If submitted more than 30 days, coverage will begin on the first of the month after the verification was received.
  f. **Student Verification** - if your eligible dependent is age 19 but under age 25, you will also need to provide verification of his/her full-time (8 units) student status. Verification of enrollment must include: student's name, name of school, semester enrolled, and number of enrolled units. An official letter from the school verifying your child's full-time status is also acceptable.
  g. **Legal Guardian** - if you are the legal guardian of a child, please attach a copy of the guardianship papers issued by the court.
  h. **Disabled dependent** - must meet the disability standards of the plan and must be enrolled prior to age 19, or the dependent child must be enrolled as a full time student prior to the disabling condition.

Medicare requirement (Effective January 1, 2010):

1. If you and/or your dependent reach/are age 65 or older you must enroll and remain enrolled in Medicare Part B. If you do not enroll in Medicare Part B you will lose your health benefits until proof of enrollment is submitted.
2. If you and/or your dependent are eligible for Medicare Part A premium-free from the Centers of Medicare and Medicaid Services (CMS), you must enroll and remain enrolled in Medicare A.
3. If you are not eligible for Medicare Part A premium-free from CMS, you must verify ineligibility by providing LAUSD Benefits Administration with a confirmation letter from CMS. If you do not comply with Medicare A requirements, it will negatively impact your health coverage.
4. If you are a member of Kaiser, you must enroll in Senior Advantage (Kaiser's Medicare Advantage Plan) in order to maintain your coverage. If you are a member of Health Net HMO, you must enroll in Seniority Plus (Health Nets Medicare Advantage Plan) in order to maintain your coverage. All retirees in Anthem Medicare Preferred (PPO) Medical plan or Health Net Seniority Plus plan must have Medicare parts A and B.

DEPENDENTS FOR WHOM THE REQUIRED DOCUMENTATION IS NOT RECEIVED WILL NOT BE COVERED UNDER YOUR MEDICAL, DENTAL OR VISION PLAN(S) UNTIL THE APPROPRIATE DOCUMENTATION IS RECEIVED.

EFFECTIVE DATE OF ADDITIONS:
Coverage will begin on the first day of the month following the receipt of this form along with the required verification. **Example:** If verification and this form is received by Benefits Administration on January 1st, the dependent's enrollment becomes effective February 1st.

TERMINATION OF COVERAGE:
Coverage will be terminated on the last day of the month in which the retiree or the dependents become ineligible.

Complete and return this form along with copies of the required documents to:

Los Angeles Unified School District - Benefits Administration
P.O. Box 513307
Los Angeles, CA 90051-1307
Fax: (213) 241-4247 Phone: (213) 241-4262
Email: benefits@lausd.net
Website: http://benefits.lausd.net