

## INSTRUCTIONS FOR COMPLETING A STATUS CHANGE ONLINE

1. Go to [www.lisd.net/benefits](http://www.lisd.net/benefits).
2. Click on the picture to access the Learning Hub:



3. Log into the system:
  - a. Use your assigned LISD Network Username & Password to log into the **LISD Portal**.
  - b. When logged into **Learning Hub** click on the “**My Benefits**” icon – you will be directed to your personal Home Page in the **On-line Benefits System**.
4. After you log on then click on “START HERE - Change My Benefits” on the left side of the home page.
5. Select a reason for the status change and enter the date the event will take place.

**\*\*NOTE\*\* There is only a 31-day window from the event date to make a change in your benefits.**

6. Check the listed personal information, making sure any fields with a red asterisk (\*) are completed.
7. Add or change dependent information as necessary, when prompted.
8. Continue through each page, making appropriate changes to benefits where necessary.
9. Add or change beneficiaries as desired, when prompted.
10. Review the changes made during the status change.
11. Confirm and agree to make the change.

Completing this process will submit the change(s) to the Benefits office for approval. To approve any change, appropriate documentation of your status change must be forwarded to the Benefits Office within 45 calendar days from the on-line processing date or Effective Date of the change, whichever is sooner.

### IF THE STATUS CHANGE IS A:

**LOSS OF COVERAGE:** Proof must be an official document listing the names of all family members who are losing coverage, the type of coverage (medical, dental, etc.) and the termination date of the coverage. Loss of coverage must be non-voluntary. If you or your dependents were voluntarily dropped from a plan, you cannot be added under a status change. Once approved, new coverage will be effective on the 1<sup>st</sup> of the month following the month that previous coverage was terminated.

**GAIN OF COVERAGE:** Proof can be any type of official documentation from the new employer or insurance company listing the names of all family members who are gaining coverage, the types of coverage that have been gained and the effective date of that coverage. **You must go on-line during the month prior to the date you wish your coverage to end. Coverage cannot be canceled retroactively.** Example: Entered request to cancel on-line on 2/13/12 – coverage will end on 3/1/12.

**BIRTH:** No documentation is required

**ADOPTION:** A copy of the front page of the official court documents either placing the child or granting adoption and the last page(s) of that same document with signatures all complete, or signature papers and waivers, if applicable.

**LOSS OF ELIGIBILITY:** For a *dependent child ceasing to be a dependent*, no proof is necessary.

**MARRIAGE:** To add a spouse or new dependents, proof will be a copy of the marriage certificate.

**DIVORCE:** To drop spouse and dependents, a copy of the first and last pages of the official divorce decree. The last pages (signature pages) must be signed and dated. To add coverage – see “Loss of Coverage” information above.