

## **BENEFIT ELIGIBILITY**

### **A. General Eligibility**

An individual employed by the District for a regular position for 20 hours or more per week (.5 teachers) is eligible for District benefits. Temporary and substitute employees are not eligible. You may enroll your eligible dependents in some or all of the plans. If you do not enroll all of your eligible dependents when you are first hired, you may do so at future open enrollment periods only, unless you have a family/employment status change per IRS definitions.

New employees: An employee must complete an enrollment form and submit it to the Benefits Office in the Human Resources Department to be enrolled in any of the District benefit plans. Enrollment forms must be received within 30 days of your first day on the job in order to be enrolled for the current year. If forms are not received within that time, your next opportunity for enrollment will be during the open enrollment period held in May each year for a July 1 effective date.

All benefits/coverage will be effective the first day of the month following 30 days employment. (Example: start date = August 15, coverage effective October 1)

Please see the eligibility provisions under the Dependent Life Insurance Section.

### **B. Paid Leave of Absence**

An employee on an authorized paid leave of absence, who otherwise meets the eligibility requirements for insurance coverage above, is allowed to continue his or her health, dental, vision, and life insurance coverage during such period.

### **C. Unpaid Leave of Absence**

An employee on an authorized unpaid leave of absence, who meets the eligibility requirements for insurance coverage above, is allowed to continue his or her health, dental, vision, and life insurance coverage during such period provided he or she timely pays the full cost (employee plus District contribution) in accordance with the Littleton Public Schools Group Insurance Plan.

An employee on a leave of absence under the Family and Medical Leave Act will have his or her insurance benefits continued for the lesser of: (1) the period of the leave, or (2) 12 weeks, provided the required employee contributions (at the same level as an active employee) are timely made and he or she does not cancel his or her insurance.

An employee on a leave of absence under the Uniformed Services Employment and Reemployment Act (USERRA), may continue his or her health, dental, and vision coverage. If on USERRA leave for less than 31 days, the employee must make the same contribution as is required for an active employee. If on USERRA leave for 31 days or longer, the employee must pay up to 102% of the full cost (employee plus District contribution).

During an unpaid leave of absence, your insurance coverage will not be terminated unless you initiate a cancellation or do not make the required payment on a timely basis.

**D. Health, Dental, and Vision Insurance**

An eligible dependent for benefit eligibility purposes is your:

1. legal spouse, unless legally separated or divorced;
2. “qualifying child” who meets a. or b. below:
  - a. is your unmarried child under age 19<sup>1</sup> (or under age 24,<sup>1</sup> if a full-time student<sup>2</sup>) who:
    - (i) has the same principal place of abode as you, for more than half of the calendar year;<sup>3</sup> and
    - (ii) does not provide over half of his or her own support for the calendar year; or
  - b. is your unmarried child who is permanently and totally disabled,<sup>4, 5</sup> provided:
    - (i) he or she has the same principal place of abode as you, for more than half of the calendar year; and
    - (ii) he or she does not provide over half of his or her own support for the calendar year;
3. “qualifying relative” who:
  - a. is your unmarried child who is eligible to be covered:
    - (i) through the end of the month in which your child turns age 24 for health insurance; through the end of the calendar year in which your child turns age 19 for dental and vision (or if a full-time student, through the end of the month in which your child turns age 24); or
    - (ii) as long as such child is permanently and totally disabled,<sup>4, 5</sup>

---

<sup>1</sup> Coverage ends on December 31 of the year when your child turns age 18 (or age 23, if a full-time student).

<sup>2</sup> Full-time student means a student during each of 5 calendar months during the calendar year at an educational organization that normally maintains a regular faculty and curriculum and normally has a regularly enrolled body of students in attendance at the place where its educational activities are regularly carried on.

<sup>3</sup> Temporary absences due to illness, education, business, vacation, or military service are not treated as absences in determining the residential requirement.

<sup>4</sup> An individual is permanently and totally disabled if he or she is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months, as certified by a physician and approved by the insurance company.

<sup>5</sup> You may be asked for periodic proof that your child’s condition continues. Your child’s coverage ends when yours does.

- b. you provide over half of his or her support for the calendar year;<sup>6</sup> and
  - c. is not your qualifying child or the qualifying child of any other taxpayer; or
4. unmarried child through the end of the month in which your child turns age 25 (and is not described in D.2. or D.3. above) and:
- a. has the same legal residence as you; or
  - b. is financially dependent upon you.

The category of eligible dependents described in D.4. above applies for health insurance purposes only, but not dental or vision insurance.

**E. Pre-Tax Premiums (for Health, Dental, and Vision Insurance) and Health Care Spending Account**

The eligible dependents for benefit eligibility purposes may differ from the eligible dependents for federal tax purposes. Only those expenses for you, your spouse, and your eligible dependents for federal tax purposes may be covered for pre-tax premiums and health care spending accounts.

Your spouse described in D.1. above will qualify as a spouse for federal tax purposes.

Your dependent described in D.2. or D.3. above will qualify as an eligible dependent for federal tax purposes.

Your dependent described in D.4. may qualify as an eligible dependent for federal tax purposes.

Please see Employee Affidavit of Dependent Status.

---

<sup>6</sup> There is a special rule relating to multiple support agreements. You are treated as providing over half of your child's support if:

- (1) no one person contributed more than half of the support;
- (2) over half of the support was received from 2 or more persons (who would otherwise have been able to claim your child as a dependent) except such person did not alone contribute over half of such support;
- (3) you contributed over 10% of the support; and
- (4) each person described in (2) (other than you) who provides over 10% of the support files a written declaration that he or she will not claim the individual as a dependent for the year.

**F. Dependent Care Spending Account**

The Dependent Care Spending Account allows you to pay for employment-related expenses incurred for dependent care assistance<sup>7</sup> on a pre-tax basis for “qualifying individuals.”

For purposes of the Dependent Care Spending Account, a qualifying individual is your:

1. eligible child, as described in D.2.a. above, who is under the age of 13; or
2. eligible child, as described in D.2.b. above, who has the same principal place of abode as you, for more than half the calendar year; or
3. spouse who is disabled, and who has the same principal place of abode as you, for more than half of the calendar year.

**G. Special Rule for Divorced or Separated Parents for Health, Dental, Vision (and related Pre-tax Premiums) and Health Care Spending Account**

A special rule generally allows a child of divorced or legally separated parents to be a dependent of both parents. Note: if your child meets the eligible dependent test through the qualifying relative test, and a multiple support agreement as described in Footnote 6 is in effect, both parents cannot claim your child as an eligible dependent.

**H. Special Rule for Child of Divorced or Separated Parents regarding Dependent Care Spending Account**

The child of a divorced or separated employee is treated as a qualifying individual of the custodial parent irrespective of who claims the dependency exemption.<sup>8</sup>

---

<sup>7</sup> Dependent care assistance is defined as the payment of employment-related expenses incurred to enable you to be gainfully employed. Employment-related expenses are amounts paid for the following expenses, if such expenses are incurred to enable you to be gainfully employed, for any period during which you have one or more qualifying individuals:

- (1) expenses for household services, and
- (2) expenses for the care of a qualifying individual.

For additional information, please see the Littleton Public Schools Section 125 Plan Summary Plan Description.

<sup>8</sup> For the special rule to apply, several conditions must be met:

- (1) your child must be under the age of 13 or be physically or mentally incapable of self-care;
- (2) your child must receive over half of his or her support during the calendar year from his or her parents;
- (3) the parents must:
  - (a) be divorced or legally separated under a decree of divorce or separate maintenance;
  - (b) be separated under a written separation agreement; or
  - (c) live apart at all times during the last 6 months of the calendar year; and

If your child is in the custody of one or both parents for more than half of the calendar year, then your child is treated as having been in the custody of the parent who had custody for the greater portion of that year.

\*\*\* \*\* \*\*\* \*\* \*\*\* \*\* \*\*\*

This document contains more details than the documents provided by the carriers. In the event of a conflict between the documents, the benefit eligibility description in this document generally governs. Please be sure to contact the Employee Benefits Office if you have questions regarding benefit eligibility.

Please consult with your own tax professional regarding your own situation, particularly regarding special rules for divorced or separated parents.

---

(4) your child must be in the custody of one or both of his or her parents for more than half of the calendar year.

## CHANGES IN ENROLLMENT

**Open enrollment:** The district's plan year coincides with its fiscal year, July 1 – June 30. Open enrollment is held in May each year during which time you may change your enrollments in district benefit plans. The effective date of those changes will be July 1<sup>st</sup>.

**Change in Status/Special enrollment:** For purposes of health, dental, vision (and related premiums), the health care spending account and dependent life insurance, you may not change your enrollment decisions during the plan year unless you have one of the following status changes:

- Birth or adoption of a child, or change of legal custody of a child.
- Marriage, legal separation or divorce.
- Death of a dependent, or dependent ceases to satisfy the definition of dependent.
- You previously declined enrollment for you or your dependent(s) while other health insurance or group health insurance was in effect, and you or your dependent(s) lose eligibility for such other coverage (or the employer stops contributing toward your dependent's other coverage).

If one of these events occurs, you must notify the Benefits Office within thirty (30) days of the event to change your enrollment status and complete a new enrollment form. In some cases, you may be asked to provide written evidence of insurability or documentation of loss of coverage.

Change in coverage will be effective, upon receipt of the required enrollment form and other documents, the first of the month except in the case of birth, adoption, or change in legal custody in which case the child's coverage will be effective on the date the child is acquired. If you have been asked to provide evidence of insurability, coverage will be effective on the date of approval by the insurance company.

## WHEN COVERAGE ENDS

You may cancel your enrollment in any of the district benefit plans during the open enrollment period or under the change in status/special enrollment provisions outlined above. Otherwise, your enrollment in district benefit plans will terminate:

- the end of the month following your last day of work in your regular, benefit-eligible classified position.
- the end of the month of your employment contract period following termination of benefit-eligible employment for teachers and administrators.
- the end of the month in which you lose your benefit eligibility for any reason other than termination of employment.