

[How to Request a Qualifying Event on Your NEW Benefits Website](#)

As a Spring ISD Employee you are able to request a Qualifying Event on your Benefits Site. These Qualifying Events include, but are not limited to, Adoption, Birth, Dependent Reaches Max Age, Divorce, Gain or Loss of Benefits, and Marriage. If for some reason you **DO NOT** see your Qualified Event listed please contact your Benefits Office at benefits@springisd.org

Note: You MUST Submit proof/documentation of the Requested Qualified Event within 31 days of the event to Spring ISD Benefits/HR department you can submit by:

Email: benefits@springisd.org

Fax: 281-891-6042

Or Mail:

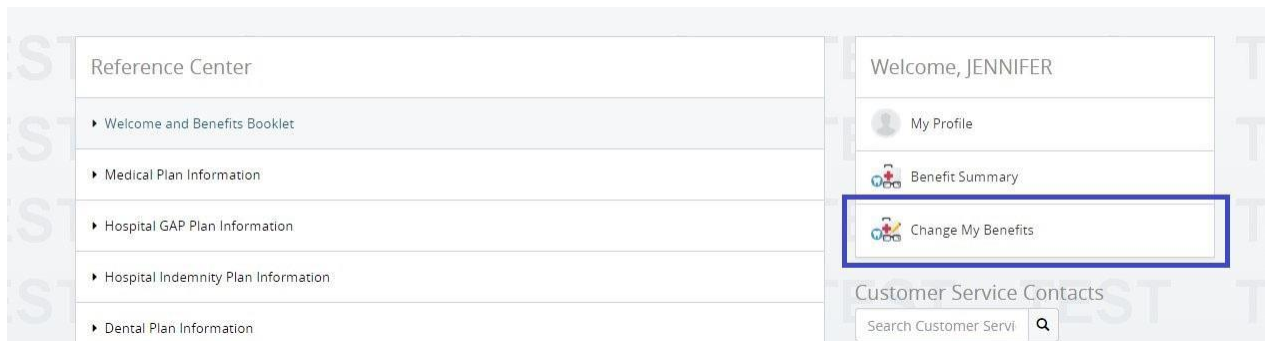
Spring ISD Attn: Human Resources – Benefits Department

16717 Ella Blvd

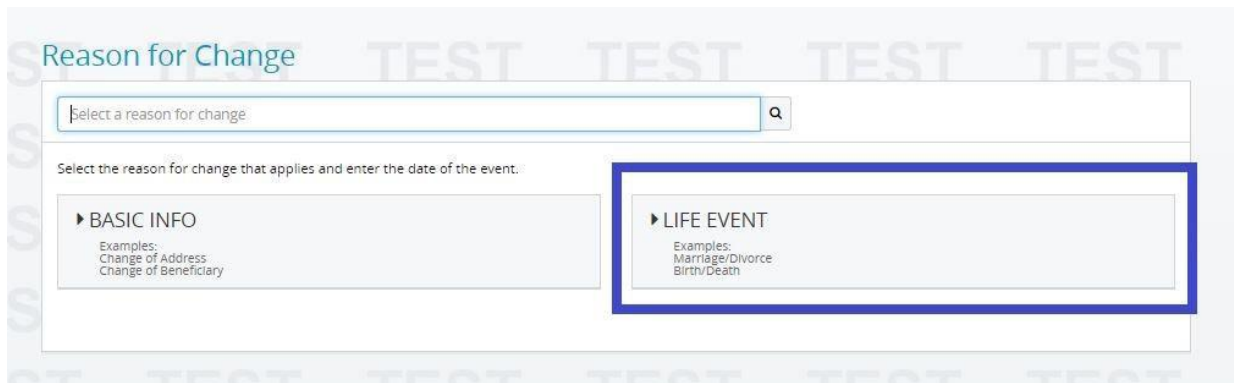
Houston, TX 77090

Please note for a Change of Address you must contact your Benefits Office to complete.

After logging into your Benefits Website at <https://www.benefitsolver.com> go to the right side of the screen to Click on **Change My Benefits**.



Next you will need to Click on **Life Event** to choose your Qualifying Event.



Once the drop down menu appears Click on you requested **Qualifying Event** such as Marriage.

The screenshot shows a web form titled "Reason for Change". At the top, there is a search bar with the text "Select a reason for change" and a magnifying glass icon. Below this is a prompt: "Select the reason for change that applies and enter the date of the event." The form is divided into two main sections: "BASIC INFO" and "LIFE EVENT". The "BASIC INFO" section lists examples: "Change of Address" and "Change of Beneficiary". The "LIFE EVENT" section lists examples: "Marriage/Divorce" and "Birth/Death". Under "LIFE EVENT", there are several options: "Adoption", "Birth", "Dependent Reaches Max Age", "Divorce", "Gain or Loss of Benefits", and "Marriage". The "Marriage" option is highlighted with a blue rectangular box.

A screen will then appear requesting the **Date of Event**, example below shows Date of Marriage. **Please note: the entry must be made within 31 days of Date of Event to request a Qualifying Event.**

The screenshot shows a "Marriage" dialog box. At the top, it says "Marriage" with a close button (X). Below this is a yellow warning box with two icons: a triangle with an exclamation mark. The first warning says: "Any add or change in coverage will be effective on: 02/01/2017". The second warning says: "Any coverage dropped or no longer continued will be terminated on: 01/31/2017". Below the warnings is a text input field with the label "What date was the marriage?". The input field contains the text "01/21/2017" and is highlighted with a blue rectangular box. At the bottom of the dialog box are two buttons: "Cancel" and "Continue".

A screen will then appear explaining you will have 31 days from the date of the event to make your election changes, add dependents, and update beneficiaries. After these changes are submitted remember proof/ documentation must be submitted to your Benefits Office/HR **(for final approval)**.

If you have further questions about make changes please contact Spring ISD Benefits Office at benefits@springisd.org. Please Click **Start Change** to proceed with your Qualifying Event.

Please note the change will take effect the first date of the following month.

i.e. 1/21/2017 qualifying event change, effective 2/1/2017

From here you will be able to **Add Dependents (if this applied to your Qualifying Event)**, such as your new spouse and children. Please Click on **Add a New Dependent**

Dependent Information

Please confirm the dependent (spouse and/or children) information below. If you intend to cover any dependents they must be entered in this section. You must answer the Tobacco Use question for each dependent. To continue to coverage elections, select next.

If you need to edit a dependent, select the "Edit" button to the right of the screen.

If you need to add a dependent, select the "Add Dependent" button.

Due to ACA regulations that the IRS is overseeing, every employee needs to add their dependents into the benefit system, you will need to elect or waive medical coverage on them.

Please note: Dependents cannot be removed through the online system. You can still choose not to cover them within your elections.

Dependents

No Dependents Listed

[+ Add a New Dependent](#)

When entering in a New Dependent, please fill in all required information marked in **Red** and click Continue once completed.

Dependent Information

Relationship: * Spouse

First Name: * James

Middle Initial:

Last Name: * Jones

Suffix: Jr., Sr., III, etc.

Warning! Please provide an accurate social security number or individual taxpayer identification number for your dependent. If you are unable to supply a valid number, please indicate in the checkbox and select a reason from the drop down menu. Please note, you can add a valid identifying number in the future.

Without associating the correct social security number or individual taxpayer identification number, those subject to the Affordable Care Act could be liable for an IRS penalty under Code 6055 of the Affordable Care Act.

Social Security Number:

123-45-6789

I can't provide dependent's Social Security Number

Date of Birth: * MM/DD/YYYY

Gender: * Please Select One

You also will be able to update your **Personal Information (as it applies to your Qualifying Event)**, remember all address changes **MUST** be submitted through your Benefits Office.

Spring Health

Home Message Center Help Reference Center JENNIFER JONES

Marriage

1. About You 2. Election Information 3. Review

THIS IS A TEST SITE. YOUR CHANGES WILL NOT BE SAVED! Please go to www.benefitsolver.com

Personal Information

Your Information

First Name: * JENNIFER

Middle Initial: L

Last Name: * JONES

Suffix: Jr., Sr., III, etc.

Social Security Number: *

Date of Birth: * 12/02/1981

Gender: * Female

Tobacco Use: * Yes

Marital Status: Single

Address 1: 1038 North Plaza East Blvd

Previous Next

After adding all new dependents and updating personal information (as it applies to your Qualifying Event), you will be able **ADD/DROP** requested plans by Clicking the blue **Edit** button on the right side of the screen next to the benefit.

Dependent Information Pending Verification

Beneficiary Information

Election Information Show All Details Costs are Semi-Monthly

MyHealth	Coverage	Employee Cost
TRS ActiveCare 1 HD Pending Approval Show Details	Employee and Spouse	\$257.00 Edit
Humana PPO Dental Pending Approval Show Details	Employee and Spouse	\$23.61 Edit
Humana Vision Plan Pending Approval Show Details	Employee and Spouse	\$7.28 Edit

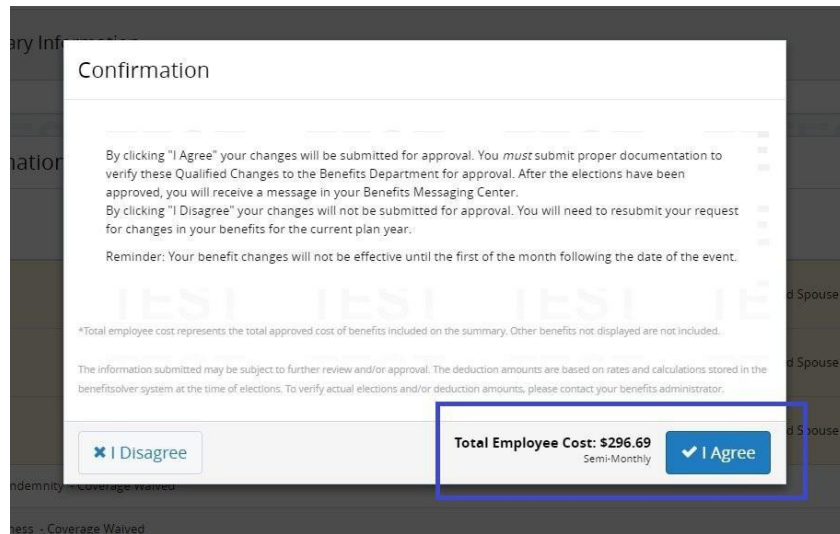
Once you have **Completed** all necessary changes for your **Qualified Event** please scroll to the bottom of the page and Click the blue **Approve** button.

*Total employee cost represents the total approved cost of benefits included on the summary. Other benefits not displayed are not included.

The information submitted may be subject to further review and/or approval. The deduction amounts are based on rates and calculations stored in the benefitsolver system at the time of elections. To verify actual elections and/or deduction amounts, please contact your benefits administrator.

Previous Total Employee Cost: \$311.09 Semi-Monthly Approve

A Confirmation screen will now appear, please Click **I Agree** or your changes that were made will be deleted.



The image shows a confirmation screen with the following text:

Confirmation

By clicking "I Agree" your changes will be submitted for approval. You *must* submit proper documentation to verify these Qualified Changes to the Benefits Department for approval. After the elections have been approved, you will receive a message in your Benefits Messaging Center.

By clicking "I Disagree" your changes will not be submitted for approval. You will need to resubmit your request for changes in your benefits for the current plan year.

Reminder: Your benefit changes will not be effective until the first of the month following the date of the event.

*Total employee cost represents the total approved cost of benefits included on the summary. Other benefits not displayed are not included.

The information submitted may be subject to further review and/or approval. The deduction amounts are based on rates and calculations stored in the benefitsolver system at the time of elections. To verify actual elections and/or deduction amounts, please contact your benefits administrator.

At the bottom, there are two buttons: "I Disagree" and "I Agree". The "I Agree" button is highlighted with a blue box. To the left of the "I Agree" button, the text "Total Employee Cost: \$296.69" is displayed, with "Semi-Monthly" written below it.

All changes will be approved or disapproved based on the IRS rules for Qualified Life Event changes AFTER you have submitted the documentations for **Spring ISD Benefits Administration to approve. Remember you have 31 days to submit all proof/documentations.** Note you can also make changes to your **Beneficiary Information** by Clicking on the **Beneficiary Tab** shown below.

Please remember if the documents showing proof are not submitted the qualifying event will not be processed.