



The Independent School District of Boise City
CHANGE IN FAMILY STATUS FORM

Name: (Please Print) _____ ID# _____

Address: _____

City, State, Zip: _____

Change of Family Status Effective Date: _____

Please check one of the following:

Marriage Divorce Birth / Adoption of child

Death of spouse or child Change in employment status

Dependent status ceases Change in spouse's employment or benefits

Other: _____

Note: In addition to the "Change in Family Status Form", all employees with a status change must complete an Insurance Enrollment form to amend their Health, Dental, Vision, and Life Insurance policies.

The following section is ONLY applicable to employees with a Flexible Spending Account(s) (Section 125 Plan) who wish to change the amount of their election due to the Change in Status:

Change in Election to:

Medical Reimbursement Monthly Deduction: \$ _____.

Dependent Care Reimbursement Monthly Deduction: \$ _____.

Pursuant to a Change in Family Status and as allowed for under IRS Code - Section 125, the Boise School District and the EMPLOYEE hereby revise the original Compensation Reduction Agreement. Any changes noted on this form will also be revised on the Salary Reduction Authorization form.

Employee Signature: _____ Date: _____

Please note: Monthly Health Insurance Premiums are located on the reverse side of this form. In the event you elect to add a dependent(s) to your health insurance, an additional monthly premium(s) *may* be withheld from your paycheck to retroactively pay for your dependents' coverage back to the qualifying event date IF your enrollment form is processed after the monthly payroll has been processed. Thus, the sooner you submit your Status Change and Insurance Enrollment form to the Employment and Benefits department, the less likely the Benefits Department would withhold an additional premium. An Insurance Enrollment form is enclosed for your convenience. Questions? E-mail the Benefits Department at benefits@boiseschools.org for answers.

For Office Use Only

First Payroll Date for new election: _____