

**Who is eligible for benefits?**

- Employees in the LCTA bargaining unit who work at least 18.75 hours per week in a regularly established position for employees.
- Employees in the Local 1010 bargaining unit (International Union of Painters & Allied Trades) who work at least 17.5 hours per week.
- Employees in the LESPA bargaining unit who work at least 20 hours per week.
- Employees who are hired as an hourly-as-needed teacher who work at least 18.75 hours per week in a program that is continuing from year to year (Annual Program Based Teachers).

Substitutes, OPS employees, summer school employees, and employees who work less than 17.5 hours per week are not considered Eligible Employees.

**What must I do to enroll in benefits?**

You must schedule an enrollment appointment through Calendly on the Benefits page of the District website. You have 30 calendar days from your date of hire to enroll. Your date of hire counts as Day 1.

**What if I do not enroll in benefits within the required timeframe?**

If you do not enroll in benefits within 30 calendar days of your date of hire, you must wait until the next Open Enrollment period unless you have a qualified life event (change in status).

## **May I change my benefits during the Plan Year?**

Generally, you cannot change your benefits. However, there are certain limited situations when you can change your benefits. You are permitted to change them if you have a “change in status” or “qualified life event”. Currently, Federal law considers the following events to be a qualified life event:

- Marriage, divorce, death of a spouse, legal separation or annulment.
- Change in the number of dependents, including birth, adoption, placement for adoption, or death of a dependent;
- Any of the following events for you, your spouse, or dependent: termination of employment, a strike or lockout, return from an unpaid leave of absence, gain or loss of other coverage, or any other change in employment status that affects eligibility for benefits.
- One of your dependents satisfies or ceases to satisfy the requirements for coverage due to change in age, student status, or similar circumstance.
- Medicare or Medicaid entitlement.

You have 30 calendar days from the date of event to contact the Benefits Department to make a change and provide all required documentation. It is better to contact us **PRIOR** to the event because the Internal Revenue Service only allows changes to be made prospectively (going forward). In other words, it is against the law for us to retroactively (going backward) add or remove coverage except for the birth of a baby.