



WASHOE COUNTY SCHOOL DISTRICT
Human Resources

Employee
INSURANCE ELIGIBILITY

Name: _____ [] Classified [] Certified [] Administrator
SSN: _____ Hire Date: _____

Location: _____ Payroll ID No: _____

Classified hours _____ Certified / Administrator [] Part Time hours _____ [] Full Time hours _____

[] Increase 90-day Waiting Period Begins: _____

[] Decrease Insurance Effective Date: _____

*IMPORTANT: Selection of your personal insurance plan must be on file with Risk Management within 90 days of your hire date/ position eligibility date. If you fail to report to Risk Management within the specified time frame, you will be enrolled in the WCSD High Deductible Group Health Plan. You will have missed the opportunity to have dependent coverage until open enrollment.

INSURANCE STATUS CHANGE

Leave of absence employees who do not contact Risk Management within 5 days of their last benefited paycheck will be terminated from Insurance Coverage.

Leave of Absence: From: _____ To: _____

[] Paid [] Unpaid

FMLA Insurance Coverage: From: _____ To: _____

[] Separation [] Retirement Effective: _____

[] No Longer Eligible for Benefits Effective: _____

Last Payroll Check (if known): _____

CHANGE [] Classified TO: [] Classified Effective: _____

FROM: [] Certified [] Certified

[] Administrator [] Administrator

Notes: _____

Authorized Signature

Date