



DUAL DISTRICT EMPLOYEES ENROLLMENT FORM

EMPLOYEE NAME (must be a THT-eligible employee):	SOCIAL SECURITY NUMBER:
EMPLOYER: <input type="checkbox"/> CCSD <input type="checkbox"/> Delta Academy <input type="checkbox"/> Odyssey Charter Schools <input type="checkbox"/> Rainbow Dreams Academy	EMPLOYEE ID:
SPOUSE / DOMESTIC PARTNER NAME:	SOCIAL SECURITY NUMBER:
SPOUSE / DOMESTIC PARTNER EMPLOYER: <input type="checkbox"/> CCSD <input type="checkbox"/> Delta Academy <input type="checkbox"/> Odyssey Charter Schools <input type="checkbox"/> Rainbow Dreams Academy	EMPLOYEE ID:
SPOUSE / DOMESTIC PARTNER EMPLOYEE TYPE: <input type="checkbox"/> Licensed / Teacher <input type="checkbox"/> Support Professional <input type="checkbox"/> Administrator <input type="checkbox"/> Police <input type="checkbox"/> Police Administrator	
PLAN SELECTION: <input type="checkbox"/> Enroll both employees in Teachers Health Trust. The employee listed first will serve as the primary policyholder. <input type="checkbox"/> Waive Teachers Health Trust coverage for the employee listed first. The Spouse / Domestic Partner's will serve as the primary policyholder on their plan.	

ACKNOWLEDGEMENTS:

If enrolling in THT:

We understand that THT-eligible employees enrolled as dependents (on a THT or non-THT plan) retain their \$50,000 term life insurance through the Teachers Health Trust plan, and must register for the THT member portal (<https://members.ththealth.org>) to designate or update their beneficiaries.

We understand that if the THT primary policyholder loses status as an active, benefits-eligible, licensed employee and the spouse / domestic partner **is not a THT-eligible employee**, coverage all members on the plan will terminate according to the appropriate eligibility policies.

We understand that if the THT primary policy holder loses status as an active, benefits-eligible, licensed employee and the spouse / domestic partner **is a THT-eligible employee**, the spouse / domestic partner will become the primary policy holder and the primary will become a dependent. The Dual District benefit will be removed, and the standard premium rate will apply.

We understand that if the spouse / domestic partner listed above becomes ineligible for coverage with Teachers Health Trust or Clark County School District, they will remain on the plan as a dependent, but the Dual District benefit will be removed, and the standard premium rate will apply.

If waiving THT:

We understand that if the THT-eligible employee loses coverage under their partner's plan, and the THT-eligible employee wishes to elect coverage under THT, the THT-eligible employee must submit a life event within 31 days of loss of coverage via the THT member portal (<https://members.ththealth.org>). Late life events cannot be accepted.

By signing below, we acknowledge and agree to all information included within Dual District Enrollment Form.

SIGNATURE: _____ DATE: _____
(EMPLOYEE)

SIGNATURE: _____ DATE: _____
(SPOUSE / DOMESTIC PARTNER)