



# TORRANCE UNIFIED SCHOOL DISTRICT

BOARD OF EDUCATION

2335 PLAZA DEL AMO  
ATTN: BENEFITS DEPARTMENT  
TORRANCE, CALIFORNIA 90501  
TELEPHONE (310) 972-6036/6089  
www.tusd.org

JEREMY GERSON  
JAMES HAN  
DON LEE  
BETTY LIEU  
TERRY RAGINS

INTERIM SUPERINTENDENT  
TIMOTHY H. STOWE, Ed.D.

## MANDATORY REQUIREMENTS FOR BENEFIT REGISTRATION

### 1. Benefits start the first day of the month following your date of hire.

- You have 30 (thirty) days from your date of hire to enroll in benefits **within each plan year.**
  - The Benefit Plan Year runs from October 1 through September 30.
  - Annual Open Enrollment for each plan year is held August 1-31 (beginning and ending on a week day, not a weekend day) for benefits beginning October 1.
  - As a new hire, if you are hired in July or August, benefits begin the first of the month following your date of hire. Enrollment may incur an out-of-pocket amount for benefits as there are no payroll deductions in the month of September. Please note: THIS IS ENROLLMENT FOR THE CURRENT PLAN YEAR ONLY - AUGUST AND/OR SEPTEMBER.
  - If hired in July or August, you must enroll in benefits during the Annual Open Enrollment beginning on the first week day in August and ending on the last week day in August for benefits beginning October 1.
  - As an active current employee, should your hours change, your position change or you experience any other “qualifying event” in July or August, it will affect your benefits for the month of August and/or September and may result in a pro-rated amount due to the District or refunded back to you.
2. Contact AFA (American Fidelity Assurance) at 800-365-9180 x 0 to **schedule an appointment to register for your benefits.**
3. Make your choice for medical and dental insurance prior to your appointment.
4. Full details are available at <https://www.tusd.org/benefits>
5. AFA’s responsibility is to assist and they may not have full details of the core benefits (medical, dental, and vision.)
6. **If you are enrolling dependents** in any core benefit program (medical, dental, or vision) **you must provide the following:**
- Social Security Numbers for any dependent 6 months or older.
  - Tax returns for spouse (unless married within the last 6 months.)  
If married within the last 6 months, a souvenir copy of the marriage certificate is acceptable.
  - Tax returns for dependent children or original birth certificate.  
If you do not have the required dependent verification documents, your dependent will NOT be added to your plan.
7. You have 30 days from birth or adoption of a child to add them and 30 days from your marriage to add your spouse to your plan.

PLEASE CALL AFA 1-800-365-9180 x 0 TO SCHEDULE AN APPOINTMENT TO ENROLL IN BENEFITS  
NEW HIRE APPOINTMENT DATE(S): \_\_\_\_\_