Effective Date for Change: _____

Employee/Member Status Change Form

Employee/Member Name	Social Security#
Employer/Sponsor Name	Unit/Div#

Please make the Following Marked Changes

(Note: Form must be completed in ink or typed, cannot be accepted if completed in pencil)

Generally, once an election is made it cannot be revoked or changed during a Plan Year. However, the Employee may revoke an election and file a new election for the remainder of the Plan year if both the revocation and new election are on account of and consistent with a change of family status. Special enrollment is not available if the previous coverage loss resulted from fraudulent activity or because the person did not pay premiums.

REASON FOR CHANGE	☐ Marriage (Date of Marriage) _____ ☐ Legal Separation _____ ☐ Divorce (Date) _____ ☐ Death _____ ☐ Termination of Employment_____ ☐ Spouse Newly Eligible or Ineligible for coverage through their employer _____ ☐ Birth/Newborn (Date) _____ ☐ Adoption (Date) _____ ☐ Reduction in work hours resulting in loss of coverage _____ ☐ Exhaustion of COBRA or state continuation_____ ☐ Court Order (Please attach copy)_____ ☐ Other, Specify_____
CHANGE OF NAME	From: _____ To: _____
CHANGE OF COVERAGE	ADD: ☐ Medical ☐ Dental ☐ Vision DELETE: ☐ Medical ☐ Dental ☐ Vision ☐ Add Dependents Listed Below ☐ Remove Dependents Listed Below Name Relationship Birthdate SS# _____ _____ (*If stepchild, does he/she reside with employee at least six months per year? _____) • If application date is more than 30 days after marriage date or birthdate, evidence of insurability may be required, please include completed Health Questionnaire form with your submission.
CHANGE OF ADDRESS	From: _____ To: _____
ACKNOWLEDGEMENT (Office Use Only) Date:_____ By:_____	All requests for Change in Status must be completed within 30 day of the date of the Status Change. I understand that in no event (other than birth or adoption of a child) will this addition or termination be effective prior to per stated plan document. Signature of Insured:_____ Date:_____ Signature of Administrator : _____ Date:_____

Revised – 12-19-12