

# **Human Resources**

# **Qualifying Life Event Change Form**

#### **Employee Name**

#### **Employee Badge ID Number:**

#### **Employee Phone Number:**

### Date of Event:

## (Last date of coverage, newborn date of birth, new coverage start date):

I have experienced the following change in status (must be within 31 calendar days from the event date) and wish to change/revoke my existing cafeteria plan election and make a new election for the remainder of the current plan year.

Please Indicate the Qualifying Event				
	Termination or loss of eligibility for spouse		Marriage or Divorce	
	Death of spouse or dependent		Gained other coverage	
	Birth or Adoption of a child		Other	
	Attained age 26 / loss of other group coverage			
	Administrative Change   Error			
Print Names: Employee, Spouse, Child(ren)		Action: (Check One)		<b>Benefit Type:</b> (Medical, Dental (high/low), Vision (high/low),etc.
		□ Add	Drop	
		🗆 Add	Drop	
ñ		□ Add	Drop	
-		□ Add	Drop	
		□ Add		
		D Add		
I understand that if there is an interruption of monthly payments, benefits may be terminated until the next open enrollment. I may choose to keep my coverage current; however, I will be personally responsible for making the monthly payment to my employer. It is the employee's responsibility to contact benefits and submit all required documents within 31 days to the benefits department.				
I certify the above information is true and correct to the best of my knowledge. I understand that my benefit election with regards to other benefit coverages not listed above will remain in effect. I further understand that this change will become effective the first of the following month from the event date. Retro cancellations are not permitted by the carrier. I understand it is my responsibility to submit the required forms and documentation within 31 calendar days of the event and late or partial submissions will not be accepted.				
Employee Signature:		To be completed by Human Resources		
		Payroll effective date:		
		Notes:		
Date Signed:		]		
		1		
HR SIGNATURE:			dated in N	Iunis Payroll
DATE COMPLETED BY HR:		Updated in FFGA		

Premiums are deducted for the current month (August payroll pays for August premiums and so on). There may be a possibility of multiple premiums owed based on the event date, when documents are received and process completed. It may take up to two pay cycles to see an adjustment on your pay check.