



Human Resources

Qualifying Life Event Change Form

Employee Name

Employee Badge ID Number:

Employee Phone Number:

Date of Event:

(Last Date of Coverage or if birth of child, Date of Birth):

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

<input type="checkbox"/>	Termination or commencement of employment for spouse	<input type="checkbox"/>	Birth or Adoption of a child
<input type="checkbox"/>	Job Status (part time/ full time) for employee or spouse	<input type="checkbox"/>	Death of spouse or dependent
<input type="checkbox"/>	Attained age 26 / loss of other group coverage	<input type="checkbox"/>	Administrative Change / Error
<input type="checkbox"/>	Significant change in cost of dependent care	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Marriage or Divorce		

Print Names: Employee, Spouse, Child(ren)	Action: (Check One)		Benefit Type: (Medical 1HD, Dental Low Plan, etc.)
	<input type="checkbox"/> Add	<input type="checkbox"/> Drop	
	<input type="checkbox"/> Add	<input type="checkbox"/> Drop	
	<input type="checkbox"/> Add	<input type="checkbox"/> Drop	
	<input type="checkbox"/> Add	<input type="checkbox"/> Drop	
	<input type="checkbox"/> Add	<input type="checkbox"/> Drop	
	<input type="checkbox"/> Add	<input type="checkbox"/> Drop	

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 that the above information is true and correct to the best of my knowledge. I understand that my benefit election agreement shall remain in effect with regards to other benefit coverage's, if any, which are not listed above. 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, any change for drop in coverage will be changed the first of the following month of when documentation is received and within the 31 calendar time frame in which changes can be made.

Employee Signature:

To be completed by Human Resources

Payroll effective date:

Notes:

Date Signed:

HR SIGNATURE:

DATE COMPLETED BY HR:

- ☐ Updated in Munis Payroll
☐ Updated in THEbenefitsHUB

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 and when documents are completed and returned to the Employee Services office. It may take up to two pay cycles to see an adjustment on your pay check.