

Lake Erie Regional Council Employee Protection Plan **CHANGE FORM**

1885 Lake Avenue, Elyria, Ohio 44035

440-324-5777

Fax: 440-324-4485

SCHOOL DISTRICT:							
EMPLOYEE INFORMATION							
EMPLOYEE NAME:					SOCIAL SECURITY		
EFF DATE		ADDRESS CHANGE			CITY		ZIP CODE
EFF DATE		NAME CHANGE NEW NAME				MARRIAGE	DIVORCE

TERMINATION OF EMPLOYEE COVERAGE

EFFECTIVE DATE:

COBRA QUALIFYING EVENT

VOLUNTARY CANCEL		RESIGNED		RETIREMENT		LAYOFF		LONG-TERM DISABILITY		LEAVE OF ABSENCE		REDUCED HOURS		TERM
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ADD DEPENDENT	QUALIFYING EVENT	CHANGE TO FAMILY
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(ADDITIONAL DOCUMENTS ATTACHED) **Notify Plan within 31 days of a qualifying event to add newborn/dependent/spouse.**

PLAN CHANGE-SELECT NEW PLAN BELOW

PREMIUM		STANDARD		BASIC		ACA	
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DOES SPOUSE WORK FOR A LERC SCHOOL DISTRICT?

EFFECTIVE DATE		MARRIAGE DATE	
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(List only those dependents affected by this change)

LAST NAME	FIRST NAME	DOB	SEX	SS#	MED	DE	VI

DROP DEPENDENT/S	CHANGE TO SINGLE	
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EFFECTIVE DATE	LAST NAME	FIRST NAME	DOB	SEX	SS#	MED	DE	VI

COBRA DEPENDENT QUALIFYING EVENT:	DIVORCE SEPARATION	NO LONGER ELIGIBLE	EMPLOYEE ELECTED MEDICARE	DEATH OF EMPLOYEE	SPOUSAL RULE	NO COBRA VOLUNTARY CHANGE
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Current address for ex-spouse where COBRA Election Notice and Creditable Coverage Certificate are to be sent.

STREET ADDRESS	CITY	ZIP
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Coverage ends for an ex-spouse on the day the final decree is filed. Notify the plan within 60 days

EMPLOYEE AUTHORIZATION	DATE
TREASURER/DESIGNEE	DATE