



## Retiree Optional Benefit Qualifying Event Change Form

**Qualifying events** may allow you to change type (single/family) in the insurance which you are *currently enrolled*, if applicable to the event or benefit. **You have only 31 days from a qualifying event to sign forms and make benefit changes. If you miss this qualifying event window, you will not be able to make changes.**

**To complete insurance changes under a qualifying event, documentation must be provided to support the change.** In the event where you need to change insurance coverage due to a qualifying event, you need to provide documentation of the event. If the insurance change is due to a spouse's loss or acquisition of coverage, documentation from your spouse's company, indicating the following is required:

1. the reason group insurance coverage was changed, started, or terminated,
2. the type of coverage changed, started, or terminated (EX: dental/vision, single/family),
3. the family members who were covered by the policy, and
4. the effective date of the change in coverage.

Name \_\_\_\_\_ GCPS EMPL ID# \_\_\_\_\_

DENTAL – MetLife			✓	Plan	SINGLE Circle Choice	FAMILY Circle Choice
	Single	Family				
Premium Plan	\$35.01	\$86.72		PREM	S	F
Basic Plan	\$21.62	\$53.45		BASIC	S	F
Vision Insurance			✓	Plan	SINGLE Circle Choice	FAMILY Circle Choice
	Single	Family				
Vision Plan	\$10.10	\$28.26		VISION	S	F

**I understand that it is my responsibility to make sure that the correct premiums are withheld from my paycheck.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ (must be within 31 days of event)

**Processed by** \_\_\_\_\_ **Date** \_\_\_\_\_ **Effective Date** \_\_\_\_\_