



QUALIFYING STATUS CHANGE

A. EMPLOYEE INFORMATION

Form section A containing fields for LEGAL LAST NAME, FIRST NAME, MIDDLE NAME OR MI, SOCIAL SECURITY, DATE OF BIRTH, ADDRESS, CITY, STATE, ZIP CODE, GENDER, MARITAL STATUS, and health plan options.

B. QUALIFYING EVENT

Form section B divided into four columns: ADD COVERAGE, DELETE COVERAGE, DATE OF EVENT, and NAME CHANGE. Includes checkboxes for various events and a signature line for the spouse.

C. DEPENDENT(S) INFORMATION

Table with 6 columns: ADD OR DELETE, RELATION, LEGAL NAME, GENDER, DATE OF BIRTH, and SOCIAL SECURITY NUMBER. Contains rows for Spouse and Child dependents.

D. REQUESTED ENROLLMENT CHANGE

Form section D with rows for HEALTH PLANS, DENTAL PLANS, EMI VISION 130C+, BASIC LIFE INSURANCE, AD&D, and SUPPLEMENTAL LIFE.

I, the undersigned, hereby make application on behalf of myself and listed legal dependent(s) for membership in the above elected insurance programs of Davis School District.

Employee Signature

Date

Employer Signature

Date

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# QUALIFIED LIFE STATUS CHANGE FORM

## Terms and Conditions

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### TO ADD A DEPENDENT TO YOUR CURRENT COVERAGE

#### Marriage

To be covered, your new legal spouse must be added to your coverage within 30 calendar days of your date of marriage. The effective date of coverage will be retroactive to the date of marriage. Attach a copy of the marriage certificate to this form.

#### Birth

Your new child must be added within 30 calendar days of birth. The effective date of coverage will be retroactive to the date of birth.

#### Adoption

Your adopted child must be added to your coverage within 30 calendar days of adoption or placement for adoption. Coverage will be effective the date of adoption. The District Human Resources Benefits Office must verify the date of adoption by reviewing adoption documentation. For U.S. adoption, attach a copy of court signed adoption petition or adoption decree. For international adoption, attach a copy of visa or passport page that identifies the date of U.S. entry and a copy of adoption orders signed by a magistrate or other government official.

#### Legal Guardianship - National Qualified Child Medical Support Order

When you accept legal guardianship of a child, the child should be added to your coverage within 30 calendar days of the date the petition was signed by the court. A copy of the signed court order must be provided to the District Human Resources Benefits Office for review. Coverage becomes effective on the date the court order is effective, or on the date the child moves into your home, whichever is later.

#### Job Change or Termination with Loss of Benefits Eligibility—Spouse or Dependent Child

If your spouse or dependent child experiences an employment status change that results in loss of eligibility for coverage, your spouse or dependent child may be added to your coverage within 30 calendar days of the loss of coverage. Your spouse or dependent child must meet established dependent eligibility criteria. Coverage will commence on the date in which the loss of benefits eligibility occurred. A Certificate of Coverage from the dependent's employer will be required.

### TO DROP A DEPENDENT FROM YOUR CURRENT COVERAGE

#### Death of a Dependent

Provide the date of death of the dependent on this form.

#### Divorce/Legal Separation

Your spouse and applicable dependent child(ren) must be dropped within 30 calendar days from your divorce or legal separation. Your spouse and applicable dependent will be the last day of the month in which your divorce or legal separation was recorded with the Court. Attach a copy of the recorded divorce stamp found on the first/last page of your divorce or legal separation decree.

#### Loss of Dependent Status - Dependent Child

If your child marries and/or is no longer claimed as your dependent for federal IRS income tax reporting purposes and/or reaches the age of 26, the dependent child no longer meets the definition of an eligible dependent. Delete dependent within 30 calendar days of the loss of dependent status. Coverage will be cancelled on the last day of the month in which the dependent is no longer deemed an eligible dependent.

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### RETURN YOUR SIGNED AND COMPLETED FORM

#### SCAN

Keep a copy of the email with your form for verification purposes.

SCAN - [Insurance@dsdmail.net](mailto:Insurance@dsdmail.net)

#### BY MAIL

Make a copy for your records and send the original by **U.S. Mail** to:

Davis School District  
ATTN: Insurance Office  
45 East State Street  
P O Box 588  
Farmington UT 84025-0588

#### DROP IT OFF IN PERSON

Make a copy for your records and hand deliver it to the Human Resources/Insurance Office.

Davis School District Administration Building  
8:00 a.m. – 4:30 p.m.  
Insurance Office: 801-402-5200