UNION PUBLIC SCHOOLS
GROUP INSURANCE CHANGE REQUEST FORM

(Must be submitted within 31 days of IRS-qualifying status change to be considered)

Support ☐ Certified ☐ Administrator ☐

Name of Insured: _____ **Social Security Number:** _____ **Employee ID #** _____

Change of Status: *(Documentation of qualifying event is required)* – Please mark the appropriate changes below.

Please provide names of covered individuals as they appear on their Social Security Card										**Circle Appropriate Plans**
Name(s) Changing Coverage	**M/F**	**Date of Birth**	**Social Security #**	**Relationship**	**Add (X)**	**Remove (X)**	**Medical (X)**	**Dental (X)**	**Vision (X)**	**Medical Base Plan** **Medical Buy Up Plan**
										Dental Base Plan **Dental Buy Up Plan**
										Vision Exam Only **Vision Exam & Materials**

Life Insurance Change (if any): _____
Effective Date of Change: _____
Reason for Change: _____

"I understand that the above change in coverage is irrevocable until the end of the current plan year unless I have another qualifying change in family status as allowed by the law."

Premium Catch up: Premiums are deducted one month in advance so any mid-year change will likely require premiums to be caught up. Payroll will email you these arrangements if a large catch up amount is required for the medical plan.

Employee Signature: _____ **Date:** _____

PLEASE COMPLETE, SIGN AND RETURN TO THE HUMAN RESOURCES DEPARTMENT BENEFITS OFFICE WITHIN 31 DAYS OF IRS-QUALIFYING STATUS CHANGE.

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For Benefits Office use:

MEDICAL	**DENTAL**	**VISION**	**LIFE**	**MEDICARE**
Single **S+Spouse** **S+Child(ren)** **Family** **Base / Buy Up**	**Single** **S+One** **Family** **Base / Buy Up**	**Single Exam** **Single Exam & Materials** **Family Exam** **Family Exam & Materials**	**Cancel** **Enroll** **No Change**	**CC Basic** **CC Enhanced** **BCBS – Plan G $_____** **BCBS – Plan G Plus $_____** **Medical Only** **Medical & Rx** **(Base/Buy Up)**

Changes Made:

MUNIS _____ **AF ENROLL** _____ **COBRA** _____