

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

1885 Lake Avenue, Elyria, Ohio 44035

440-324-5777 Fax: 440-324-4485

SCHOOL DISTRICT:	Lorain City Schools		
EMPLOYEE INFORMATION			
EMPLOYEE NAME:		SOCIAL SECURITY	XXX-XX-

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

(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	<small>(List <u>only</u> those dependents affected by this change)</small>				
LAST NAME	FIRST NAME	DOB	SEX	SS#	MED	DE	VI

DROP DEPENDENT/S	CHANGE TO SINGLE
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EFFECTIVE DATE		MARRIAGE DATE	<small>(List <u>only</u> those dependents affected by this change)</small>				
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**

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	