

Employee Name: _____	EID: _____	Location: _____
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Permissible Life Event:

- ☐ Legal marital status change: Marriage or Divorce
☐ Birth/Adoption/Legal Custody of Child
☐ Death of dependent
☐ Change in employment status, to add/remove from insurance
☐ Gain insurance eligibility for outside coverage
☐ Loss of insurance eligibility with outside coverage

Date of the life event: _____

Dependent: Full Name	SS number (only needed when adding a dependent to medical)	Date of Birth	Relationship to employee	Medical Plan (Allegiance)	Dental Plan (MetLife)	Vision Plan (EyeMed)
			☐ Spouse ☐ Male Child ☐ Female Child	☐ ADD ☐ REMOVE	☐ ADD ☐ REMOVE	☐ ADD ☐ REMOVE
			☐ Spouse ☐ Male Child ☐ Female Child	☐ ADD ☐ REMOVE	☐ ADD ☐ REMOVE	☐ ADD ☐ REMOVE
			☐ Spouse ☐ Male Child ☐ Female Child	☐ ADD ☐ REMOVE	☐ ADD ☐ REMOVE	☐ ADD ☐ REMOVE
			☐ Spouse ☐ Male Child ☐ Female Child	☐ ADD ☐ REMOVE	☐ ADD ☐ REMOVE	☐ ADD ☐ REMOVE

Please submit your request to:

Elementary Schools, Transportation & Maintenance Employees - Trudy Molinaris - molint1@collierschools.com | 239-377-0352
 Secondary Schools & Administrative Center Employees - Tabitha Campbell - CampbeTa@collierschools.com | 239-377-0370

Benefits that may be canceled mid-year without a permissible life event:

Term Life Employee/Spouse/Child ☐
 Disability ☐
 Legal Shield ☐
 Accident ☐
 Critical Illness ☐
 Hospital ☐
 Universal Life ☐

By signing below, I understand that if I have a change in premium based on the event date, Payroll will catchup premiums at the next available payday for premiums missed based on the event effective date.

Employee Signature: _____**Date:** _____

REMINDER: Please submit supporting [documentation](#) as soon as possible for a timely review.

Instructions for employee: Pending Review. Once reviewed and approved, you will receive an email with further instructions.