**2024 Benefits change form: Add or drop health, dental, and/or vision coverage**

This form is used for adding or dropping coverage due to an IRS-approved life event. If you or your dependent(s) have not experienced an IRS-approved life event, you will need to wait until the next open enrollment period or for a life event to occur to make changes. By signing this form you acknowledge that these changes may affect your premiums, deductibles, and out of pocket maximums.

**Directions:**

* Complete this form and submit to local bookkeeper or payroll representative
	+ Print legibly or type the information
	+ Effective date must be within 30 days of the qualifying life event
	+ Complete every field on each line
* Not valid unless signed and dated by participant, pastor, principal, and/or administrator
* Send completed form and any documentation to benefits@dosp.org
* Select reason for change below:

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  | Marriage |  | Significant cost change |  | Judgement, decree or court order |
|  | Divorce, legal separation, annulment |  | Significant reduction of coverage |  | Medicare or Medicaid entitlement |
|  | Birth/adoption |  | Change in employment status |  | Other (explain) |
|  | Death |  | Change in coverage under another employer’s plan |  |  |
|  | Dependent no longer eligible |  | Family medical leave |  |  |
|  |  |  |
|  | Name | SSN | Birth Date | Gender | High Deductible Health Plan | POS Plan | Dental | Vision | Effective Date |
| Emp |  |  |  |  | [ ] Term[ ] Add | [ ] Term[ ] Add | [ ] Term[ ] Add | [ ] Term[ ] Add |   |
| Sp |  |  |  |  | [ ] Term[ ] Add | [ ] Term[ ] Add | [ ] Term[ ] Add | [ ] Term[ ] Add |  |
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| Location Name and Number: | Location City: |
| Employee Signature:  | Date:  |
| Pastor, Principal or Administrator Signature:  | Date:  |

 12.19.23