**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](mailto:benefits@dosp.org)
* Select reason for change below:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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|  | | | 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 |  | |
| Ch | | |  | |  | | | | |  | |  | Term  Add | | | Term  Add | | Term  Add | | Term  Add |  | |
| Ch | | |  | |  | | | | |  | |  | 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