



2026 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	
Ch					☐ Term ☐ Add	☐ Term ☐ Add	☐ Term ☐ Add	☐ Term ☐ Add	
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Ch					☐ Term ☐ Add	☐ Term ☐ Add	☐ Term ☐ Add	☐ Term ☐ Add	
Location Name and Number:			Location City:						
Employee Signature:			Date:						
Pastor, Principal or Administrator Signature:			Date:						