Employer				Employee ID #	
Name of Emp	oloyee			Social Security #	
Address		City	State	Zip	
E-mail addres	SS				
I have experienc	ced the following change in status,	of the cur	rent plan year:	g election and make a new e	lection for the remainder
Chango	in Status Event	(Check o	nly one event)		
Change in I Change in I Change in I Strike or I Tax depend Residence Cancellatio Mai Other Qu Significant I Addition or Change in II	egal marital status (marriage, divo number of tax dependents (birth, a employment status affecting beneficockout, commencement or return fedent satisfies or ceases to satisfy change of you, spouse, or dependent due to reduction in hours of servindue to enrollment in a Qualified hatetplace Open Enrollment AND eralifying Events cost increase or decrease curtailment of coverage (with or with significant improvement of a beneficoverage under other employer's p	doption, placement for adoption, placement for adoptit eligibility of you, spouse of rom unpaid leave of absentigibility requirement (attain ent affecting your eligibility ice (Continues to be eligible Health Plan (Has become enrolls in such coverage) thout loss of coverage) fit package option of the place of the	otion, or death) r dependent (termination or cope or change in worksite)* ment of age, gain/loss of stud for coverage under health plan, but choos ligible for Special Enrollment I	ent status, marriage, etc.) es to cancel and enroll in mir	nimum essential coverage)
FMLA leave HIPAA specential to, COBRA quare	cial enrollment or loss of eligibility for, Medicare or alifying event		l institution		
Judgments	, Decrees, Orders (e.g., QMCSO)				
	red within 30 days, you must "step	•			
	e in status event, explain why your onsistent with the change in status				
change in status	that affects eligibility for covera	nge under an employer's p	olan.)		o o g
change in status xplanation:	that affects eligibility for covera	age under an employer's ।	olan.)		
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