

FAMILY STATUS CHANGE FORM



(HR USE ONLY) Remarks:

HR Initials: _____
Dept./Div. _____ **Emp #** _____

COMPLETE AND RETURN THIS FORM ***WITHIN 30 DAYS*** OF THE QUALIFYING CHANGE IN FAMILY STATUS.

Employee Information (Name is required. Update address, phone and email as needed)

_____ **OR** _____
 Last Name First Name MI Insurance ID SSN

_____ City State Zip
 Address

____/____/____ (____)____ (____)____ (____)____
 Date of Birth Home Phone Work Phone Cell Phone

Email _____

Designation of Status Change

“Change in Status” is the Internal Revenue Service rule that allows you to adjust your benefit selections when unforeseen circumstances occur between annual enrollments. Only specific events qualify as a change in family status. (Refer to the list below.) The IRS provides guidelines for family status changes and requires that you maintain legal documentation of the changes in your personal records. Examples of documentation include birth certificate, death certificate, marriage certificate, adoption papers, divorce decree, notice of legal separation, or proof of change in spouse or dependent’s employment. Documentation may be required upon request.

Check the event that applies.

- | | |
|--|--|
| <input type="checkbox"/> Birth/Pending Birth or Adoption | <input type="checkbox"/> Death |
| <input type="checkbox"/> Marriage | <input type="checkbox"/> Divorce/Legal Separation |
| <input type="checkbox"/> Eligible Dependent | <input type="checkbox"/> Ineligible Dependent |
| <input type="checkbox"/> Beginning Employment | <input type="checkbox"/> Ending Employment |
| <input type="checkbox"/> Change in Dependent Care | <input type="checkbox"/> Incapacitated/Handicapped Dependent |
| <input type="checkbox"/> Other (explain) _____ | |

This change occurred on ____/____/____.

Coverage to be Added/Terminated

Emp=Employee Sp=Spouse Ch=Child

Indicate in the table either A=Add or T=Terminate for all plan changes.

	Name	SSN	Date of Birth	Sex	Health	Dental	Vision	Student Y/N	Medicare Eligible Y/N
EMP									
SP									
CH									
CH									
CH									
CH									

Emergency Contact

Name: _____ Relationship: _____ Best Contact #: _____

When Adding Coverage

Births/Adoptions are covered from the date of the event. All other changes are effective the first of the month following the event. Premiums are paid in advance. If you are electing coverage, you are authorizing Pennington County to deduct additional premiums from your next paycheck, unless other arrangements are made with the Auditor's office. Thereafter, regular biweekly deductions will continue to be made.

Coverage should take effect ____ / ____ / ____.

When Terminating Coverage

Central Payroll Employee (paid semi-monthly):

- Termination date will be the last day of the month the event occurred.

Requested termination date ____ / ____ / ____.

Health Savings Account (Change, Add or Terminate)

* Health Savings Account thru BHFCU: \$ _____ per pay period for a total of \$ _____ per fiscal year.

If adding a Health Savings Account, it should take effect: ____ / ____ / ____.

If terminating Health Savings Account, the requested termination day is: ____ / ____ / ____.

* Expenses are described under the Internal Revenue Code at <http://www.irs.gov/pub/irs-pdf/p502.pdf>*This is to certify I incurred a family status change(s), and wish to change my plan benefits as indicated on this form. I understand:*

- the change must be consistent with the family status change event and requested within 30 days of the event,
- I may be required to provide documentation according to IRS guidelines for the family status change and required to maintain legal documentation of the changes in my personal records. Examples of documentation include: birth certificate, death certificate, marriage certificate, adoption papers, divorce decree, notice of legal separation, or proof of change in spouse or dependent's employment,
- if necessary; the South Dakota State Employee Benefits Program may take a one time deduction from a future paycheck for the requested effective date (s), and
- the South Dakota State Employee Benefits Program reserves the right to verify family status changes during the plan year. I could face disciplinary action and reduction or loss of my health benefits if I misrepresent family status changes for myself and/or my covered dependents.

Employee Signature**Date Signed**

An electronic confirmation statement notice will be sent to your email address on file after the Family Status Change form has been processed.

Office Use OnlyRequired Vital Records

Adoption Papers

Birth Certificate

Death Certificate

Divorce Decree

Marriage Certificate

Other Forms

Direct Deposit

NYL Beneficiary Change HSA

Deduction Authorization

(incl. banking info)

I-9 (incl. identification documents)

SDRS E2 - Enrollment Change

SDRS E5 - Beneficiary

Designation

SDRS E5a - Transfer to Minor

W4