"Building a Foundation far Lifelong Learning"

CECIL COUNTY PUBLIC SCHOOLS

Employee Status Change Form

Classification: ❑ **Teacher/Administrator** ❑ **Support Personnel** ❑ **Substitute**

Name:_____ **ID** #: _____ **Phone # (** _____ **)** _____
(Please Print Legibly)

Address _____
Street *city* *State* *Zip Code*

I am requesting the following:

□ **Address Change** (Moving ***in or out*** *of* state requires completed W4 form)

□ **Phone Change**

□ **Name Change:** (Former Name) _____

□ **Family Status Change** *(must be made within 31 days of event)*

Certain qualifying life events allow you to make a change to your benefits outside of the open enrollment period. A change in family status may create the need for a different level of coverage, e.g., Individual, Two-Party, or Family, and may affect the amount of your payroll deduction for healthcare. Your change request must be made through the Benelogic online enrollment system no later than 31 days following the effective date of one of these qualifying events. **You must send documentation of the qualifying event to the Benefits Office within the same time period in order for the change request to be authorized.** Below are examples of qualifying events for status changes:

Event	Verification Examples
Marriage, divorce or annulment	Marriage certificate, divorce decree
Birth, adoption, or death of a dependent	Birth record, crib card, baby's footprints from hospital, death certificate
Change in employee or spouse's employment status (termination, layoff, start new job)	Certificate of Coverage or letter on employer's letterhead showing effective date of change, coverage, and employee/subscriber name(s)

TO REQUEST STATUS CHANGES DUE TO A QUALIFYING LIFE EVENT, FOLLOW THESE STEPS:

1. Log on to the CCPS Benelogic Online Benefits Enrollment Employee Portal.
2. Read carefully the instructions on each screen and select your change(s). (See Benelogic Instructions PowerPoint for overview.) Remember that Basic and Supplemental Life Insurance Beneficiary additions or changes are to be made through Benelogic also.
3. View and print a confirmation statement of your change request for your records.
4. Mail or fax the appropriate documentation to verify your change to the Benefits Office within 31 days of your change effective date. Change(s) will be effective the first of the month following date of status change.

The change in coverage must be <u>consistent</u> with family status change. Under penalties of perjury, I hereby certify that (i) to the best of my knowledge, the Status Change indicated above resulted in me, my spouse, or dependent gaining or losing eligibility for medical or life insurance coverage under the Plan, a plan sponsored by another employer by who I am employed or plan sponsored by the employer of my spouse or dependent, and (ii) the above election change is being made due to, and are consistent with the family status change indicated above.

X _____ _____
Employee's Signature Date

Employer's Section:

Further information requested from employee (please attach copy of email or memo) Date: _____
Beneficiary forms sent (Retirement) Date: _____

Information Updated: *(Please include Date and Initials)*

Benefits Dept:	Date:	Initials:
Human Resources:	Date:	Initials:
Payroll:	Date:	Initials:

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<u>Employees: Please make a copy of this form and keep for your records</u>