

JCCC QUALIFIED STATUS CHANGE FORM

EMPLOYEE INFORMATION

Employee Name	JCCC ID #
Address	Phone #

EVENT DATE

ADD

DROP

<p>_____</p> <p>This form and all supporting documentation must be received by HR within 30 days of the effective date of the change.</p>	<input type="radio"/> Marriage/Divorce <input type="radio"/> Declaration of domestic partnership <input type="radio"/> Birth/Adoption/Guardianship <input type="radio"/> Loss of other coverage <input type="radio"/> Change in dependent status <input type="radio"/> Qualified Medical Child Support Order	<input type="radio"/> Marriage/Divorce <input type="radio"/> Dissolution of domestic partnership <input type="radio"/> Gain of other coverage <input type="radio"/> Change in dependent status
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DEPENDENT FIRST AND LAST NAME	RELATIONSHIP SPOUSE/DOMESTIC PARTNER/CHILD	SEX M/F	DATE OF BIRTH	SOCIAL SECURITY NUMBER	ACTION ADD OR DROP	MEDICAL yes/no	DENTAL yes/no	VISION yes/no

Requested Coverage Change

Medical	<input type="radio"/> Preferred-Care PPO	<input type="radio"/> Preferred-Care EPO	<input type="radio"/> Blue Saver HDHP	<input type="radio"/> A Healthier You
Dental	<input type="radio"/> Delta Dental/PPO	<input type="radio"/> CIGNA Dental		

If adding CIGNA Dental, please provide the name and Primary Dental Provider # for each covered participant. Add 2nd page if necessary.

Employee	Dentist Name	PDP #
Dependent Name	Dentist Name	PDP #
Dependent Name	Dentist Name	PDP #
Dependent Name	Dentist Name	PDP #

Vision	<input type="radio"/> Eye Med		
Health Care FSA	<input type="radio"/> Increase	<input type="radio"/> Decrease	From \$ _____ To \$ _____
Dependent Care FSA	<input type="radio"/> Increase	<input type="radio"/> Decrease	From \$ _____ To \$ _____
Health Savings Account	<input type="radio"/> Increase	<input type="radio"/> Decrease	From \$ _____ To \$ _____
Optional Life Insurance	<input type="radio"/> Increase (Evidence of Insurability required)	<input type="radio"/> Decrease	From \$ _____ To \$ _____
Dependent Life Insurance	<input type="radio"/> Add (Evidence of Insurability required for spouse)	<input type="radio"/> Remove	<input type="radio"/> Spouse <input type="radio"/> Children <input type="radio"/> Spouse & Children

Employee Signature _____