QUALIFYING EVENT FORM

Completed forms must be received by HR within 30 days of the qualifying life event.

SECTION 1: EMPLOYEE INFORMATION

NAME:	DOB:	DOH:

SECTION 2: BENEFITS ENROLLMENT

MEDICAL:
- ☐ Local Plus
- ☐ Local Plus Premier
- ☐ Open Access Plus

ACTION:
- ☐ Enroll
- ☐ Add Dependent
- ☐ Remove Dependent
- ☐ Decline Changes

DENTAL:
- ☐ Cigna Dental

ACTION:
- ☐ Enroll
- ☐ Add Dependent
- ☐ Remove Dependent
- ☐ Decline Changes

VISION:
- ☐ Ameritas/EyeMed Vision

ACTION:
- ☐ Enroll
- ☐ Add Dependent
- ☐ Remove Dependent
- ☐ Decline Changes

MUTUAL OF OMAHA LIFE:

Spousal Life:_____

Spousal AD&D:_____

Child Life:_____

Child AD&D:_____

ACTION:
- ☐ Enroll
- ☐ Add Dependent
- ☐ Remove
- ☐ Dependent Decline Changes

SECTION 3: QUALIFYING EVENT & SUPPORTING DOCUMENTATION

- ☐ **Marriage:** marriage license or marriage certificate, & Affidavit of Spousal Health Care Coverage.
- ☐ **Divorce:** official divorce decree
- ☐ **Birth:** birth certificate, medical record from medical facility
- ☐ **Adoption/Legal Guardianship:** adoption letter, legal document showing guardianship
- ☐ **Loss of coverage:** letter from employer, letter from health insurance company
- ☐ **Other:** please state your qualifying event

SECTION 4: DEPENDENT INFORMATION

NAME:	DOB:	SSN:	
			☐ MALE ☐ FEMALE
NAME:	DOB:	SSN:	☐ MALE ☐ FEMALE
NAME:	DOB:	SSN:	☐ MALE ☐ FEMALE

*** Please Note: Qualifying events are regulated by both the IRS and our benefit vendor contracts. Request submitted outside the 30-day qualifying period will be denied. If denied, the next available opportunity to make changes will be during open enrollment. ***

_____ _____

EMPLOYEE SIGNATURE **DATE**

_____ _____

HUMAN RESOURCES **DATE**

HUMAN RESOURCES DEPARTMENT
1113 Usher Street Ste. 203 Covington, GA 30014
678-625-1212 | hr@co.newton.ga.us