

Application for Changes to Health Benefits Coverage

Changes to health benefits coverage due to a qualified status change event must be reviewed and approved by the Benefits Office. You must request change(s) **within 30 days after the qualified change in status event** by filing this form with the Benefits Office. The requested coverage change must be consistent with the qualified change in status event. If you do not request the coverage change within 30 days of the qualified change in status event, you will not be eligible to change until the next open enrollment period. A requested coverage change will not be permitted if it is contrary to the terms of the particular Plan(s).

Name: _____ **Dart ID:** _____

Home address: _____ **Day phone:** _____

Please check all applicable items related to your change:

- Add or** **Cancel**
- Medical Plan (circle one): Blue Choice Preferred Blue Indemnity
- Dental Plan
- Life Insurance Plan (increases require medical history statement)
- Dependent Life Insurance
- Dependent Care Reimbursement Account: **change to** \$ _____ /year
- Health Care Reimbursement Account: **change to** \$ _____ /year

Date of Event: _____ **Effective date of change:** _____

If adding or removing a dependent(s), complete this section. You may not add married children to your plan.

Name	Date of Birth	Female/Male	Social Security Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I certify that this revocation/addition results from a change in status as defined in the Summary Plan Description and described on the second page of this form. The plan adjustments I make will become effective according to the date of the change of status, following receipt of this form in the Benefits Office. I understand that the per paycheck cost of my benefits will change in accordance with the elected changes and any adjustments will be made to the next paycheck issued.

Participant's signature

Date

Authorized approval

Date

Qualified Change in Status Form

Changing Coverage Elections

You may elect a change in coverage under any of the Plans only during the annual open enrollment period during the fall of each year or if you have a qualified change in status. A qualified change in status includes:

- your marriage;
- your divorce, legal separation, annulment of marriage or revocation of same sex domestic partnership;
- death of your spouse, child or same sex domestic partner;
- birth, adoption or placement for adoption of a child;
- gain or loss of custody of a dependent;
- termination or commencement of employment by you, your spouse, same sex domestic partner or a dependent;
- a change in work schedule for you, your spouse or same sex domestic partner, or a dependent that affects the availability of coverage;
- significant changes in your or your spouse's or same sex domestic partner's non-Dartmouth medical, dental, or life insurance coverage; or
- a dependent satisfying or ceasing to satisfy the requirements for dependent status due to an increase in age or a change in student status.

The following are considered qualified changes in status, but only for purposes of changing your elections under the Medical Plan, Dental Plan or Health Care FSA:

- change of residence or work site by you, your spouse, same sex domestic partner, or dependent that affects the availability of coverage under a health plan;
- you, your spouse, same sex domestic partner, or a dependent become covered under Medicare or Medicaid; or Dartmouth receives a qualified medical child support order ("QMCSO") to provide health coverage for your dependent;
- an event that permits special enrollment by you, your spouse, your same sex domestic partner, or dependent in the Medical Plan or Dental Plan in accordance with the Health Insurance Portability and Accountability Act ("HIPAA"); or
- open enrollment for your spouse or same sex domestic partner's health plan.