

Qualified Life Event Request Form 2017 - 2018

Employee Information

Employee Name: _____ Employee # _____
 School/Department: _____ Job Title: _____
 Home/Cell Phone: _____

Qualifying Event – Select One

Effective Date of Event: _____

<input type="checkbox"/> Marriage	<input type="checkbox"/> Birth of Child/Adoption	<input type="checkbox"/> Spouse/Domestic Partner Gained/Lost
<input type="checkbox"/> Divorce (Legal Separation)	<input type="checkbox"/> Ineligible Child	<input type="checkbox"/> Child Gained/Lost Coverage
<input type="checkbox"/> Leave of Absence	<input type="checkbox"/> Qualified Medical Order	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Death of Dependent	<input type="checkbox"/> Gained/Lost Coverage	_____

Dependent – List dependents to be updated in medical/vision and dental plans

Dependent Name	SS#	Date of Birth	Sex	Medical	Dental	Vision
				<input type="checkbox"/> Add <input type="checkbox"/> Drop	<input type="checkbox"/> Add <input type="checkbox"/> Drop	<input type="checkbox"/> Add <input type="checkbox"/> Drop
				<input type="checkbox"/> Add <input type="checkbox"/> Drop	<input type="checkbox"/> Add <input type="checkbox"/> Drop	<input type="checkbox"/> Add <input type="checkbox"/> Drop
				<input type="checkbox"/> Add <input type="checkbox"/> Drop	<input type="checkbox"/> Add <input type="checkbox"/> Drop	<input type="checkbox"/> Add <input type="checkbox"/> Drop
				<input type="checkbox"/> Add <input type="checkbox"/> Drop	<input type="checkbox"/> Add <input type="checkbox"/> Drop	<input type="checkbox"/> Add <input type="checkbox"/> Drop

Coverage Election – Select coverage to be updated (rates are per pay period, full time)

UMR Medical	PPO 500	PPO 1500	HDHP/HSA
Employee Only	<input type="checkbox"/> \$92.00	<input type="checkbox"/> \$77.18	<input type="checkbox"/> \$35.90
EE + Spouse	<input type="checkbox"/> \$398.38	<input type="checkbox"/> \$367.65	<input type="checkbox"/> \$257.39
EE + Child(ren)	<input type="checkbox"/> \$334.89	<input type="checkbox"/> \$307.45	<input type="checkbox"/> \$211.49
EE + Family	<input type="checkbox"/> \$550.87	<input type="checkbox"/> \$512.22	<input type="checkbox"/> \$367.62

EyeMed Vision	Amount
Employee Only	<input type="checkbox"/> \$3.65
EE + Spouse	<input type="checkbox"/> \$6.47
EE + Child(ren)	<input type="checkbox"/> \$6.14
EE + Family	<input type="checkbox"/> \$10.23

Dental	TDA Prepaid	Metlife PPO
Employee Only	<input type="checkbox"/> \$6.07	<input type="checkbox"/> \$16.55
EE + Spouse	<input type="checkbox"/> \$10.27	<input type="checkbox"/> \$27.58
EE + Child(ren)	<input type="checkbox"/> \$14.25	<input type="checkbox"/> \$25.57
EE + Family	<input type="checkbox"/> \$16.82	<input type="checkbox"/> \$36.58

*If no selection is made coverage will remain the same.

This form and supporting documentation must be received within 30 days of your qualifying event date.

Employee Signature

Date

Return to: Human Resources Benefits, 2238 East Ginter Rd. Tucson, AZ 85706 or Fax: 520.545.2128

FOR BENEFITS USE ONLY Processed by:	DATE RECEIVED:	EFFECTIVE DATE:	<input type="checkbox"/> Ivisions
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Qualified Life Events



If you experience a qualified change in status, you may change your benefit elections **within 30 days of the event.**

Qualified Life Event	Documentation Required	Effective Date of Coverage
Marriage	Copy of marriage certificate	The first pay period after receipt of Request and documentation
Divorce Legal Annulment Legal Separation	Copy of official court documentation	The date of event
Birth	Copy of birth certificate	The date of event
Adoption Guardianship Foster Care	Copy of official court documentation	The first pay period after receipt of Request and documentation
Child reaches age 26	Qualified Life Event Request	The date of event
Loss/Gain of coverage for: Employee Spouse/*Domestic Partner Child	A letter from the carrier or the employer verifying the effective start/end date of benefits	The first pay period after receipt of Request and documentation
Change in employment: Part-Time to Full-time or Full-Time to Part-Time	Qualified Life Event Request	The first of the month following 30 days from the date of the employment change
Employment status change for Leave of Absence (LOA): Beginning LOA Off Payroll from a LOA End of FMLA	N/A – Benefits Office will have supporting documentation	The date of event
Death of covered dependent	Copy of death certificate	The date after the event

*Domestic Partner Affidavit must accompany supporting documentation.