**2023 Benefits change form: Add or drop health, dental, and/or vision coverage**

This form is used for adding or dropping coverage due to an IRS-approved life event. If you or your dependent(s) have not experienced an IRS-approved life event, you will need to wait until the next open enrollment period or for a life event to occur to make changes. I understand that these changes may affect my premiums, deductibles, and out of pocket maximums.

**Directions:**

* Complete this form and submit to local bookkeeper or payroll representative
* Not valid unless signed and dated by participant, pastor, principal, and/or administrator
* Send completed form and any documentation to benefits@dosp.org or fax to (727) 343-7729
* Select Reason for Change below:

|  |  |
| --- | --- |
| [ ] Marriage [ ] Divorce, Legal Separation or Annulment [ ] Birth/Adoption [ ] Death [ ] Dependent - No Longer Eligible[ ] Significant cost change [ ] Significant reduction of coverage  | [ ] Change in employment status [ ] Change in coverage under another employer’s plan [ ] FML Leave [ ] Judgment, decree or court order [ ] Medicare or Medicaid entitlement[ ] Other (explain):  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Name | SSN | Birth Date | Gender | Health | Dental | Vision | Eff Date |
| Emp |  |  |  |  | [ ] Term[ ] Add | [ ] Term[ ] Add | [ ] Term[ ] Add |   |
| SP |  |  |  |  | [ ] Term[ ] Add | [ ] Term[ ] Add | [ ] Term[ ] Add |  |
| Ch |  |  |  |  | [ ] Term[ ] Add | [ ] Term[ ] Add | [ ] Term[ ] Add |  |
| Ch |  |  |  |  | [ ] Term[ ] Add | [ ] Term[ ] Add | [ ] Term[ ] Add |  |
| Ch |  |  |  |  | [ ] Term[ ] Add | [ ] Term[ ] Add | [ ] Term[ ] Add |  |
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| Ch |  |  |  |  | [ ] Term[ ] Add | [ ] Term[ ] Add | [ ] Term[ ] Add |  |

|  |  |
| --- | --- |
| Location Name and Number: | Location City: |
| Employee Signature:  | Date:  |
| Pastor, Principal or Administrator Signature:  | Date:  |

 2.16.23