**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](mailto: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 |  |
| Ch |  |  |  |  | Term  Add | Term  Add | Term  Add |  |
| 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