

Office Use Only

LIFE STATUS/DEPENDENT CHANGE/BENEFIT COVERAGE/CHANGE FORM

You **MUST** attach proof of the life status change to the completed Benefit Enrollment/Change form and return to the Total Compensation & Wellness Department.

Employee Name (print)	Department	9-Digit Banner ID
E-mail Address	Work Phone Number	

This form, in conjunction with a completed Wayne State University Benefits Program Enrollment/Change Form, is used to notify the Human Resources Department of Life Status Changes as described below. **Be sure to check the "Life Status Change" box on the University Enrollment/Change Form.**

Life Status Change:

This portion of the form is used to notify the Human Resources Department of one of the Life Status changes which permits you to change a pre-tax benefit election. You can change the level of coverage under your medical/vision/dental plans during the year only if you experience a change in your family status. The Internal Revenue Service defines a Life Status Change as:

- Marriage, divorce, or domestic partner/other eligible person*
- Change in eligibility status of your unmarried dependent child
- Birth or adoption of a child
- Judgment, decree or order
- Death of a dependent
- Medicare entitlement
- Change in employment status of you or your spouse/same-sex domestic partner/other eligible person resulting in loss or gain of coverage

The Internal Revenue Service under Internal Revenue Code Section 125 requires that your benefit change must be consistent with the Life Status Change. Your Life Status Change **MUST** be reported within 30 DAYS of the event. Your new election will be effective the first of the month. The addition of a child due to birth, adoption, or marriage will be effective as of the date of birth, adoption, or marriage if the Life Status Change is reported within 30 days. Marriages, domestic partnerships and other eligible people will be effective as of the date of marriage or successfully meeting same-sex domestic partnership/OEP requirements. If you fail to report a Life Status Change within 30 days of the event, you cannot make any changes in your coverage until the next annual Open Enrollment or next qualifying event.

You must also provide proof of the Life Status Change such as a proof of new coverage, a letter from a previous employer indicating termination of coverage, a copy of the birth certificate for the birth of a child, etc. This form along with supporting documentation must be submitted within 30 days of the event.

Description of Event: _____
(Select one of the above descriptions)

Date of Event: _____

Authorization:

I understand that falsely certifying eligibility requirements in any respect could result in disciplinary action, that the University may request additional eligibility evidence, that I will be liable for all expenditures for coverage and benefits plus any administrative expenditure and that I must notify the Total Compensation and Wellness Department immediately when a dependent becomes ineligible.

I certify that the information provided is true and correct. I authorize the University to change my benefit enrollments and to adjust my payroll deduction in accordance with the changes I have requested.

Employee Signature: _____ **Date Signed:** _____