



PINNACLEHEALTH

BENEFIT CHANGE FORM

Please complete and return to Human Resources **within 30 days** of a family status change or the birth or adoption of a child. If the child is not enrolled within thirty days of birth or adoption, you must wait until the next Open Enrollment period. The baby can be enrolled without a birth certificate or Social Security Number, however, a copy of the birth certificate and the SS# should be provided to Human Resources as soon as it is received. Family Status changes must be documented with a marriage certificate or written proof of change of benefits outside PinnacleHealth. Changes must be made **within 30 days**.

Employee's Last Name	Employee's First Name	Employee ID# (Mandatory)	Social Security #		
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Street Address	City	State	Zip Code	Home Phone
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Check if this is a new address Check if this is a new name = Former Name:

TYPE OF TRANSACTION
 Employee Enrollment Employee Termination of Coverage Add Dependent(s) Terminate Dependent(s)

REASON FOR TRANSACTION (supporting documentation must be attached)
 Marriage Divorce Birth/Adoption Death of Dependent
 Employment change of spouse/child Dependent no longer eligible Other _____

BENEFITS AFFECTED (Check all that apply) *MEDICAL Plan* -- PinnacleSelect PinnacleSelect Plus Pinnacle Preferred
DENTAL Plan -- Dental Basic Dental Upgrade VISION discount plan

EFFECTIVE DATE OF CHANGE _____ (should be the date of your event change)

FAMILY MEMBERS TO BE ENROLLED OR DELETED

Enroll or Delete	Full Name (Last, First, MI)	Sex	Relationship to Employee	Birthdate	Social Security #

EMPLOYEE SIGNATURE _____ **DATE SIGNED** _____

Eligible Dependents for Health, Dental, and Vision Plans

Below is a list of eligible dependents and the required documentation you need will to submit to add them to your benefit plans. Be sure to only provide photocopies of the documents, not originals, and provide full social security numbers for each dependent.

SPOUSE - Your spouse under legally valid existing marriage. If your spouse is eligible for Medical benefits through any source (with the exception of Medicare) he or she can only be enrolled in the Dental and Vision plans.

Required: A photocopy of your marriage certificate and most recent 1040EZ page from your federal tax return (you may black out financial information if you wish)

Additional Requirement for the Medical plan: Both forms above, plus, complete the Adult Dependent Medical Plan eligibility form

CHILD - Your child may be eligible for Medical, Dental and Vision benefits up to the age of 26. If your child is 19 – 26 years of age, eligible for Medical benefits through any source, including employment, they can only be enrolled in the Dental and Vision plans.

Required for any child: A photocopy of the birth certificate – including the names of the biological parents

Any child 19 – 26 that is going to be added to medical must have an Adult Dependent Medical Plan eligibility form completed.

Additional documentation is defined below under specific child relation.

Children are defined as follows:

Biological Child – Your biological child. Eligible for Medical, Dental and Vision benefits up to the age of 26, unless he or she is eligible for benefits through their own employment.

Step-Child- Your step-child residing in your household who depends upon you for maintenance and support. Eligible for Medical, Dental and Vision benefits up to the age of 26 unless he or she is eligible for benefits through his or her own employment. **Additional documentation needed: Photocopy of marriage certificate and first page of federal tax return.**

Adopted Child- Any legally adopted child (including a child living with the adopting parents during the period of probation), who depends on you for maintenance and support. **Additional documentation needed: Legal adoption documentation**

Disabled Child- A child who, by physical or mental handicap, is incapable of self-support upon attaining the limiting age in the Plan will be considered as a Dependent, while remaining incapacitated and unmarried, subject to your own coverage continuing in effect. **Additional documentation needed: Medical documentation AND Social Security Determination submitted to medical carrier prior to the age limit (26) when coverage would otherwise have ended.**

Legal Ward- A child who is related to you by blood or marriage and for whom you are the legal guardian provided the child permanently resides in the household of which you are the head and is actually being supported solely by you. **Additional documentation needed: Legal guardianship papers showing full financial support and custody responsibilities.**